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Navigating Tensions in Children's Safeguarding: A Longitudinal Qualitative Study Examining Practitioner Responses to Tensions in Multi-Agency Safeguarding Processes

by

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<u>Abstract</u>

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Navigating Tensions in Children's Safeguarding: A Longitudinal Qualitative Study Examining Practitioner Responses to Tensions in Multi-Agency Safeguarding Processes

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Practitioners directly involved with safeguarding children are confronted by the 'inherent messiness and ambiguity' that the everyday practice of working with risk as part of a complex multi-agency network brings. Not only are there the pressures of working with uncertainty and risk in an increasingly risk-averse society, but the challenges of working in a public sector landscape transformed by austerity policies, resulting in generalised resource shortages. This combination of working practices framed by risk alongside working conditions constrained by resource pressures contributes to interrelated tensions for safeguarding practitioners. For example, the combination of service closures due to austerity policies and increased risk aversion has been attributed to the significant rise in referrals to children's services before the COVID-19 pandemic. This increase saw the number of child protection investigations rise 139% in the ten years to 2017–18 and prompted the Commons Select Committee to describe children's services as 'at a breaking point'. Those operating at the 'front line' of service delivery – practitioners working directly with 'at risk' children and families – have had to navigate the conflicting pressures associated with higher demand and fewer resources to carry out the day-to-day work of keeping children safe.

This study aims to advance our understanding of factors contributing to tensions like these in multi-agency safeguarding practices and the process by which practitioners manage these in their everyday work. Deploying a longitudinal qualitative research design, using interviews and audio diary methods, I explore these questions in two contexts: the period immediately before the onset of the COVID-19 pandemic and the first 11 months of the UK pandemic experience. I direct attention to the multi-agency dynamics fundamental to children's safeguarding practices yet often missing in street-level research. I develop a conceptual framework which draws from and expands on key theoretical contributions, including Michael Lipsky's Street-Level Bureaucracy and Patrick Brown and Nicola Gale's Tensions in Risk Work framework. By evidencing the applicability of the conceptual framework in the two contexts, I demonstrate the longer-term relevance of the research.

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Research Thesis: Declaration of Authorship

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I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
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6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

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Definitions and Abbreviations

CAMHS .... Child and Adolescent Mental Health Services; services that work with children and young people experiencing emotional, behavioural, or mental health difficulties.

Child in Need .... Under Section 17 of the Children Act 1989, a child is classified as "in need" if they are unlikely to reach or maintain a reasonable standard of health or development without support from the council, or if they are disabled.

Child Protection Plan .... A child becomes the subject of a child protection plan at an Initial Child Protection Conference if they are suffering or are likely to suffer from significant harm. Once a child becomes the subject of a child protection plan, their plan should be reviewed within the first three months and then at intervals of not more than six months.

DfE .... Department for Education; the government department responsible for children's services and education.

LGA .... Local Government Association; a political organisation representing 315 of the 317 councils in England.

Looked After Child/
Child Looked After .... A child in the care of the local authority.

MASH .... Multi Agency Safeguarding Hub; A MASH is a single point of contact for safeguarding concerns in an area, bringing together partners such as the police and health with the council to consider safeguarding referrals.

NSPCC .... National Society for the Prevention of Cruelty to Children; a leading children's charity specialising in child protection and the prevention of cruelty to children.

Chapter 1 Introduction: Safeguarding Children Under Pressure

Children's safeguarding practitioners are confronted by the "inherent messiness and ambiguity" that the everyday practice of working with risk as part of a complex multi-agency network brings (Hood, 2014, p.38). Not only do they face tensions intrinsic to working practices framed by risk (Gale et al. 2016), but also the pressures of working in a public sector landscape dramatically transformed by neoliberal policies and intensified through policies of austerity. Such policies have contributed to generalised resource shortages and transformed the character of public service work.

For safeguarding practitioners, working practices framed by both 'risk' and 'austerity' contribute to interrelated pressures and tensions. For example, this combination of factors – the closure of early help services due to austerity policies alongside working practices dominated by a high risk aversion – was attributed to the significant rise in referrals to children's services before the COVID-19 pandemic. This increase, which saw the number of child protection investigations increase 139% in the ten years to 2017– 18, prompted the Commons Housing, Communities and Local Government Committee (2019, p.1) to describe children's services as "at a breaking point". Those operating at the 'front line' of service delivery – practitioners working directly with 'at risk' children and families – have had to navigate the conflicting pressures associated with higher demand and fewer resources to carry out the day-to-day work of keeping children safe.

This thesis examines tensions like these in street-level children's safeguarding practices. I draw on qualitative research findings from fieldwork carried out between 2019 and 2021 with practitioners from various agencies involved with safeguarding children. I will show that practitioners experience tensions in their work because of complex multi-agency working arrangements, the implicit requirements of working with risk, and conditions of work constrained by resource dysfunctionalities and shortages. I explore the process by which safeguarding practitioners manage such tensions in their day-to-day work – the 'coping strategies' they draw from which enable them to practically accomplish their work. This includes mechanisms of 'overlooking' the tensions they would otherwise be confronted by.

This introductory chapter will establish the setting for this research by defining safeguarding and outlining the core features of children's safeguarding processes, including offering a conceptualisation of who undertakes safeguarding work and the conditions under which it is carried out. I then offer a brief overview of this study's research questions and design, including a

reflection on my positionality as a researcher and the insider-outsider perspective I bring to the topic. I finish by introducing the structure for the rest of the thesis.

1.1   Safeguarding Children in England

Safeguarding can be summarised as the "action that is taken to promote the welfare of children and protect them from harm" (NSPCC, 2023a, para. 3). This is achieved through a combination of policies and practices, which incorporate both care and control functions (Hood et al., 2016) – for example, by providing greater support to vulnerable families or intervening to protect children from harm (Davies & Ward, 2012). Child protection is, therefore, part of safeguarding but not interchangeable with it, as safeguarding includes a broader range of activities associated with promoting children's welfare and ensuring children achieve positive outcomes (Powell, 2016).

The UK definition of safeguarding is contained within the statutory guidance Working Together to Safeguard Children (DfE, 2018). There, safeguarding is defined as "protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; taking action to enable all children to have the best outcomes" (Department for Education (DfE), 2018a, p.5–6). Though the definition incorporates both the protection from harm and the promotion of welfare principles, in practice, compared with other European countries, England is orientated more toward a protective model (Villumsen and Armstrong Gjedde, 2023).

This study is focused on safeguarding within England because each UK nation has developed distinct frameworks of legislation, guidance and practices around safeguarding (NSPCCb, 2023). For example, the four UK nations vary in their definition and emphasis of harm (Bunting et al., 2018) and have different systems of child protection reflecting devolved powers in areas of health, education and social care (NSPCCb,2023). However, many aspects of the thesis will remain relevant to Scotland, Wales and Northern Ireland. For example, the underlying principles of safeguarding are similar, given that there is a shared legislative basis in the Children Act (1989). Parton (2022) also identifies commonalities between safeguarding practices in Anglophone countries.

There are two aspects of safeguarding I want to examine further in this introduction: safeguarding as a contested principle and safeguarding as a multi-agency process. Firstly, the term safeguarding contains implicit values and beliefs about child safety and welfare, supported by contemporary understandings of concepts such as need, harm and risk. As I will explore further in chapter two, what constitutes a good or harmful childhood is socially constructed (Featherstone, White and Morris, 2014). Dominant ideas and values – as well as the social arrangements that flow from

these – are not neutral but are the outcome of political and historical processes (Parton, 2011). For example, the definition of safeguarding above does not distinguish between types of harm children require protection from. However, systems of safeguarding, particularly child protection, are organised around the assumption that if a child is at risk of harm, this is because of the actions or inactions of their parents (Firmin et al., 2023). Consequently, issues such as child poverty are framed as individual rather than collective responsibilities, which serve a political function.

The principle of safeguarding inherently includes interpretations and understandings of risk, given that children's wellbeing is at stake and the outcomes are uncertain (Jaeger et al., 2001). As Steve Rogowski (2015) discusses, contemporary children's safeguarding practices have origins in the child welfare movement of the 19th century. However, the turn to the language of protection and safeguarding prompts practitioners to focus on assessing and managing risk rather than meeting needs. Similarly, Featherstone and colleagues (2014) conclude that need continues to be understood through a risk lens. For example, practitioners may discuss the risk of not being in education instead of discussing the need for quality education.

Therefore, though the overarching principle of safeguarding is that children should be protected and their welfare promoted, the concept contains heterogeneous and contested understandings, reflecting the politicised history of developments in child welfare as well as related concepts such as that of 'risk'.

1.1.1 Safeguarding children as a multi-agency process

Secondly, the term safeguarding refers to dynamic, multi-agency processes of identification, assessment and intervention aimed at achieving the goals of protecting children from harm and promoting their welfare. These safeguarding processes are directed by statutory frameworks (see DfE, 2018b) based on legislation, including the Children Act (1989 and 2004) and the statutory guidance Working Together to Safeguard Children (2018). Practitioners from various agencies, including non-government organisations, can be involved with these processes, including representatives from education, health, police and social care contexts.

As Hood and Colleagues (2016) explain, child safeguarding is an interprofessional area of practice. When children are considered most at risk of harm, multi-agency interventions are coordinated by statutory child protection agencies (Hood et al., 2016). In these cases – where there are multiple and interrelated needs, a great deal of uncertainty regarding risks and many different agencies involved – collaborative, multi-agency working is seen as the best way of handling the complexity presented (Hood, 2014). In that sense, formalised interprofessional practice, through statutory processes such as child protection conferences, is seen as a solution both to the

complexity of issues presented by the families involved and the issues generated by multi-agency working itself (Hood, 2014).

At a broader level, safeguarding is a multi-agency process because "everyone who comes into contact with children and families has a role to play" (DfE, 2018a, p.11). The UK operates a shared safeguarding model, meaning duties and responsibilities are placed upon all agencies encountering children to play a role in "identifying concerns, sharing information and taking prompt action" (DfE, 2018a, p. 11). The government is set to extend this by making the reporting of known or suspected child abuse or neglect a general legal requirement, and there is a live debate about whether existing safeguarding duties would be strengthened by this move (see Burbridge-James, 2018). In 2022, police, schools and health services made the majority of referrals to children's social care (DfE 2023c).

Though every agency has this shared responsibility to safeguard, there are differences regarding the nature of different agencies' involvement and their role within safeguarding processes. Some practitioners' participation in safeguarding procedures may only extend to identifying and reporting a concern to children's services. Other agencies will play an ongoing role in formalised safeguarding processes, for example, by attending child protection conferences and forming part of the 'core group' of professionals who meet between conferences. Meanwhile, the 'safeguarding partners', which include the police, local authority and clinical commissioning group, have named roles and responsibilities. For example, social workers employed through the local authority are named as the lead for assessing children in need under section 17 of the Children Act (1989) and to lead child protection enquiries under section 47.

The category of risk a child is assessed to be in ultimately determines which statutory safeguarding process is initiated, and the assessment criteria for each stage are commonly referred to as the 'threshold' for intervention (Devaney, 2018). Under existing legislation, Child Protection processes are initiated if a child is assessed as "suffering or likely to suffer significant harm" (DfE, 2018a, p.45). Child in Need processes are initiated if a child is assessed to require local authority support services but is not experiencing significant harm. At any stage, legal processes can be enacted that place the child under the care of the local authority, resulting in the child becoming a Looked After Child.

The safeguarding partners must publish a 'threshold document' which sets out the local criteria for accessing different levels of support, including 'early help' support for children or families who require support but do not meet the definitions of a Child in Need or Child Protection outlined above. A typical model adopted for distinguishing between thresholds of support is the "continuum of need and response" model, an example of which I have depicted in Figure 1 below.

In this model, children's needs (and corresponding risks) exist on a continuum, with services clustered around four categories of need. However, as Devaney (2018) identifies, the primary distinction in practice is between those delivered by universal services and non-governmental agencies under the category of early help and services provided by the local authority under the category of "statutory social work intervention", which is levels three and four on the model (Devaney, 2018, P.460). This is a distinction I refer back to in this thesis, as during analysis I identified differences between the accounts of participants operating at levels one and two of the model – the early help stage – and those working within statutory social care contexts.

Figure 1

Example of the Continuum of Need and Risk Model

(Lancashire Safeguarding Children Board, n.d.)

In February 2023, the government published Stable Homes, Built on Love, which responds to recommendations made in three recent reviews by laying out plans to reform children's social care. Updating the Working Together guidance is "central" to these reforms, which include the goal of "implementing strengthened multi-agency working across the whole system of help" (DfE, 2023a, para 2). Multi-agency working therefore looks set to remain a core pillar of UK safeguarding processes. However, the response comes alongside reports of consistent failures in multi-agency working arrangements, indicating a significant gap between policy goals and current practices. For example, research has evidenced enduring challenges associated with effective multi-agency working, including different responses to and understandings of risk and conflicting agency priorities (Cleaver et al., 2019). The National Review into the murders of Arthur Labinjo

Hughes and Star Hobson concluded that multi-agency arrangements are fractured and fermented, identifying "weaknesses in information sharing and seeking within and between agencies" and "a lack of robust critical thinking and challenge" which were "compounded by a failure to trigger statutory multi-agency child protection processes" (Child Safeguarding Practice Review Panel, 2022, p.8). Such findings are not new and echo similar issues identified by Lord Lamming in his two reviews which followed the high-profile deaths of Victoria Climbié in 2000 and Peter Connolly – Baby P – in 2007.

Therefore, safeguarding in England includes a series of multi-agency working processes to promote children's welfare and protect them from harm. Though statutory frameworks govern these arrangements, the day-to-day experiences of those carrying out safeguarding work may deviate substantially from what is laid out in safeguarding policy.

1.2   Conceptualising the Work of Safeguarding Practitioners

As public service delivery workers who regularly encounter children, children's safeguarding practitioners – defined as those working with children in safeguarding situations – have comparable experiences. Despite operating in different organisational contexts with distinct professional histories, they share several features of their work. Firstly, they have a shared responsibility toward safeguarding children as part of the UK's shared model of safeguarding. All agencies and their employees are considered to have a role to play in keeping children safe, as already discussed. Secondly, due to that shared responsibility, practitioners working with children for whom there are safeguarding concerns are tied to each other in trans-local processes, which can operate both formally, mediated via statutory frameworks, or informally, via a network of monitoring and reporting arrangements. Finally, practitioners are carrying out this work in the context of public service work in the British state, with working conditions influenced by socio-economic contexts and political agendas. Consequently, these shared characteristics of their work support the case for grouping safeguarding practitioners together instead of examining experiences of safeguarding practices from the perspective of each profession, such as health visitors or social workers.

Safeguarding practitioners also share similar conceptual features. Firstly, practitioners involved with children's safeguarding can be understood as 'street-level bureaucrats', a term first coined

by Michael Lipsky (2010 [1969][1]). Lipsky argues that the workers he refers to as street-level bureaucrats embody a paradox that plays out in their work. The paradox is that most citizens expect fairly administered public services overseen by bureaucratic procedures according to rules. However, citizens also want public services to be responsive to the presenting case and specific circumstances – what happens at the street level. Due to this paradox, street-level bureaucrats must have discretionary powers enabling them to override, bypass or adjust rules and procedures to allow responsivity to individual cases. Yet because this work is often carried out without the resources, including time and information, necessary to attend to every case on an individual basis, workers, according to Lipsky, develop coping behaviours. These behaviours use workers' discretionary powers to resolve, at least partially, the conflicting demands placed upon them.

Lipsky, therefore, used the term 'street-level bureaucrat' to conceptually draw together the shared features and analytic characteristics of public service workers who directly interact with the public, have discretion in exercising authority and cannot do the job according to their ideal conceptions of practice due to the limitations of the work structure (Lipsky, 2010). In this original conceptualisation, not every public service worker interacting with the public would fall into this category. However, the term is now commonly used to refer to all public service workers who directly interact with the public (Lipsky, 2010). Safeguarding practitioners share these original characteristics and can be conceptualised as street-level bureaucrats. However, few studies have applied a street-level framework to child protection or safeguarding, despite Lipsky (2010, p. 233) claiming child protection workers were the "ultimate street-level bureaucrats".

The other way safeguarding practitioners share conceptual characteristics relates to their work with risk. Given that we live in an increasingly risk-orientated society, with greater obligations to identify and assess risk, a diverse group of workers have become "risk decision makers" (Beck, 2000, p.214), including practitioners working with children. Risk work is defined as "working practices framed by concepts of risk" (Gale et al., 2016, p1046-1047). Risk work is distinctive as it involves taking knowledge about risk at the population level and applying it at the individual level (Brown and Gale, 2018). Social workers are in the "risk business", given that they "negotiate, assess and work with risk every day" (Stanley, 2018, p104). Their risk decisions are instrumental in

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[1] The term "Street Level Bureaucrat" was first put forward by Michael Lipsky in a 1969 paper, but his theoretical framework was reformulated and expanded for the first edition of his book Street Level Bureaucracy published in 1980. The 2nd edition, published in 2010, further clarifies and updates his core arguments considering developments such as fiscal crises and new public management approaches. I, therefore, reference the 2010 version unless directly quoting from earlier texts.

determining the allocation of resources and choices of interventions (Kemshall, Wilkinson and Baker, 2013).

The nature of safeguarding processes means risk decision-making is often negotiated between various stakeholders (Crath, Dixon & Warner, 2023), meaning other practitioners involved in safeguarding can also be conceptualised as risk workers. For example, children typically become 'known' to social workers or children's services departments because a practitioner elsewhere has become concerned for a child and reported this (Stanley, 2018). Alongside this work of identifying risks posed to children and managing these risks, 'risk' in the context of safeguarding practice also extends to the risk of 'getting it wrong' – the institutional risks associated with failure given the government and media fixation of attributing blame for adverse outcomes (Green, 2007). Hence practitioners involved with safeguarding children can be considered risk workers, since the concept of risk frames their everyday working practices.

There is value in examining the shared experiences of safeguarding practitioners, since they share these numerous characteristics of their working practices and conceptually fall under the category of both 'street-level' workers and 'risk workers'. However, the majority of existing safeguarding research mirrors professional boundaries. A similar claim can be made about risk work, which has tended to focus on the risk-related practices of workers in their everyday routines, with fewer comparative studies or analyses of collaborative risk working arrangements. Consequently, the primary way safeguarding practitioners (and risk workers more broadly) are conceptually understood within existing literature is in relation to their professional identity and roles.

Research that adopts a multi-agency focus is often limited to formal processes such as power dynamics within the multi-agency meeting (Appleton, Terlektsi and Coombes, 2013) or effective information sharing and communicating (Thompson, 2016; Jahans-Baynton and Grealish, 2022). By remaining within the confines of professional boundaries and formal processes, our understanding of the tensions experienced by practitioners and their risk-related practices may be limited. For example, Farre et al. (2017) argue that various collaborative and interactive risk-related practices fall outside of established organisational frameworks and protocols. Directing analytic attention beyond normative, professional boundaries also aligns with the principles of a dialectical ontology (Benson, 1977), which forms the methodological basis for this research. I expand on these principles in the following chapter. Therefore, the focus of this research plugs a vital gap by adopting a multi-agency focus, exploring the shared experiences of those 'risk workers' at the 'street level' in children's safeguarding practices.

1.3   Conditions of Safeguarding Work

The everyday experience of carrying out safeguarding work is shaped by the general conditions of public service work and constrained by factors such as organisational cultures (Oates, 2019), political agendas (Parton, 2014) and the wider socio-economic climate (Grootegoed and Smith, 2018). The governing policy of advanced industrial nations since the 1980s has been neoliberalism, which can be conceptualised as a set of dominant and pervasive ideas and practices which has contributed to significant welfare policy transformations (Wallace and Pease, 2011). Neoliberal policies have combined economic deregulation with the reconfiguration of existing institutions and an increased emphasis on market logic.

New managerialism and service outsourcing to private and voluntary providers have been critical features of the neoliberal reorganisation of the public sector in the UK and other advanced industrial economies (Wallace and Pease, 2011). The increased involvement of commercial and voluntary interests in competitive service tendering has resulted in the 'mixed economy' of welfare (Powell, 2019). It means many 'core' public sector services have been opened to the involvement of competing interests and organisational forms (Alcock and May, 2014). Consequently, safeguarding is often carried out through complex partnership arrangements involving a mix of private, public and voluntary sector providers with competing interests to secure funding and win contracts – which can be a source of tension.

New managerialism, also known as New Public Management, is also associated with the increased use of target, auditing and accountability systems, and outcome measuring using new technologies (Gruening, 2001). These assume that outcomes and performance can be quantified and measured objectively (Parton, 2014). Within safeguarding, expectations that risk factors can be controlled and managed have become a dominating factor shaping practice (Green, 2007). Rick Hood (2016) explains how this has resulted in the dominance of technical discourses around risk in children's safeguarding policy and practice that assume that if protocols are followed, professionals should be able to "ensure" the safety of children (2016, p.126). The 'blame culture' that has come to be associated with safeguarding endorses this view that risk can be managed and predicted (Connolly, 2017). Yet uncertainty is an inherent feature of risk because, in contemporary contexts, risk is defined as a situation or event in which something of human value is at stake and where the outcome is unknown; if it were guaranteed that an outcome would happen, there would not be risk (Jager et al., 2001). Therefore, safeguarding practitioners are increasingly expected to control inherently uncertain and unpredictable outcomes, which is a source of conflict.

Chapter 1

The shift toward new managerialism has also seen the redefining of political questions to issues of administrative and technical concern (Brodkin, 2011). In such contexts, important political and ethical debates about what constitutes need and entitlement have come to be defined by administrative technicalities about efficiency and process (Aronson and Sammon, 2000). Consequently, practitioners' day-to-day work has become more administrative, to the extent that Gibson (2016) argues the fundamental skills and values of social workers have changed to such a degree that the work is not recognisable, with social work practice more akin to 'case management'. Many other studies report this administrative culture, which assumes that "if it's not documented, it didn't happen" (Smith and Donovan 2003, p.556). This shift to administrative work raises possible conflict as practitioners find their day-to-day practice at odds with their professional values or safeguarding principles.

The global financial crisis of 2008 brought about a new phase in global governance, termed by former Prime Minister David Cameron as "the age of austerity". However, in policy terms, the austerity approach is consistent with the neoliberal paradigm (McBride and Meroilli, 2013). Rather than a break with neoliberalism, the response to the financial crisis can be understood as intensifying neoliberalism, bringing about a more punitive neoliberal settlement through radical welfare state reform and dismantling publicly provided services (Clarke and Newman, 2012). In the UK, austerity policies are associated with the Conservative and Liberal Democrat coalition government, which served between 2010 and 2015. The coalition government introduced substantial public spending cuts and welfare reforms, with services reduced, redefined or removed, especially within local government (Hastings et al., 2015; New Economics Foundation, 2015). The geographical and social distribution of cuts and welfare reforms have been mapped by an established body of research, with findings indicating that the poorest and most marginalised groups have been hardest hit, contributing to increased demand on remaining services (Edminston, 2014; Beatty and Fothergill, 2014).

To justify this extensive welfare state retrenchment, the coalition government engaged in extensive ideological framing to rework the financial crisis into a crisis of the welfare state and public sector (Clarke and Newman, 2012). Davies and Blanco (2017, p.23) comment that austerity became "embedded in the governing culture and political psyche", and Daly (2018, p.1) develops the notion of "embodied austerity" to describe the impact austerity has had on the values and beliefs of workers in this context. Though the ideology around austerity was dropped by subsequent Conservative governments led by Theresa May and Boris Johnson, the associated policies of welfare retrenchment and privatisation have continued, and the legacy of austerity continues to be felt (Irving, 2021).

The consequences of austerity policies and the ideological framing of austerity have had profound implications for those involved in child safeguarding work. Materially, austerity policies have placed services and those working within them under significant pressure due to a combination of reduced resources and increased needs. With the near halving of the local authority budget between 2010 and 2018, universal and early help services such as youth provision and children's centres faced substantial cuts, with 1,000 fewer children's centres in March 2018 than in March 2009 (Sutton Trust, 2018). At the same time, specialist services faced increased referrals, including to the Child and Adolescent Mental Health Service (CAMHS) and children's social care (Nuffield Trust, 2022; ADCS,2022). Consequently, in practice, there is "a huge and growing mismatch between the need and demand for family intervention (which is still rising) and the availability of resources for such interventions (which is becoming increasingly curtailed)" (Prowle et al., 2014 quoted in Devaney, 2019, p.461).

Meanwhile, the framing of risk and harm in children's safeguarding has been impacted by the accelerating "cultural trope of individual responsibility" (Wacquant, 2010, p.197). A report by Philip Alston (2018), UN Nations Special Rapporteur on poverty and human rights, emphasises that the UK government made "no secret of its determination to change the value system to focus more on individual responsibility" (p.5). Consequently, issues such as poverty and deprivation are framed as individual parental failings, not as social issues for which we have collective responsibility. This framing has implications for practice, as the current system is highly focused on the risk of parental harm, despite recognition of contextual factors and the promotion of a "social model" for child protection (Featherstone et al., 2018). By defining the core functionality of child protection as preventing parental harm, public issues of social deprivation – which have been exacerbated by austerity – are constructed as falling outside the realms of safeguarding processes, even though deaths as a consequence of parental homicide or assault are in long-term decline and rare compared with potentially avoidable deaths and injuries due to issues of inequality, poverty and lack of access to support (Featherstone, Gupta and Morris, 2016).

From this brief overview, we see some of the ways the socio-economic context, including policies associated with neoliberalism and austerity, shapes and constrains the conditions of those working with children and families in safeguarding situations. The possibilities for tensions to manifest for these practitioners as they go about their work is already indicated, as practitioners operate in fragmented multi-agency networks, under increased pressure from funding cuts and with organisational cultures potentially in conflict with professional training and values. These and other tensions arising from work conditions will be expanded throughout this thesis, forming a significant component of the findings discussion.

1.3.1 Safeguarding during COVID-19

The disruptive impact of COVID-19 and its associated responses, including lockdowns and social distancing measures, profoundly affected day-to-day working arrangements for those involved with safeguarding children and generated new concerns for child safety. Yet these disruptions did not displace pre-existing tensions but, in many cases, exacerbated them (Ofsted, 2022). An essential task for all agencies was to develop and launch new protocols enabling work to continue despite disruptions to usual practice. The use of video calls "became the norm in a matter of weeks", when previously this scale of change may have taken years to realise (ADCS, 2020, p.8). This generated new tensions for practitioners questioning the effectiveness of risk assessment by video. A whole range of other activities became remote for the first time, including hearings of the Family Court, Child Protection Conferences and statutory social work visits, which also brought new obstacles to effective multi-agency working practices and the inclusion of families in this process (Driscoll et al., 2021). Some services closed entirely, such as private nurseries, with practitioners furloughed for most of the first UK lockdown. In contrast, other services, such as schools, partially closed or shifted to majority remote provision.

From a safeguarding perspective, the critical concern was how children became 'invisible' to professionals because of these measures. Routine opportunities for practitioners to spot signs or narratives of abuse were limited due to the closure of services such as schools (Garstang et al., 2020) and parental reluctance to seek medical assistance (Jacob, 2020). At the same time, factors known to increase the risk to children increased, and 'stay home' policies put increased economic, social, and psychological pressure on families (Green, 2020), which may have exacerbated existing vulnerabilities or generated new ones. The concern around child invisibility was dominant in professional literature at the time, with widespread recognition that social distancing and isolation measures generated "troubling paradoxes" (Bradbury-Jones and Isham, 2020, para 7) and created "perfect conditions for a safeguarding failure" (Green, 2020, para 4).

Therefore, though the pandemic was unprecedented in disrupting everyday working practices, tensions associated with risk and working conditions remained a feature of daily practice. Examining practitioner experiences of the pandemic, which are likely dominated by acute tensions generated by the scale of constraint on working conditions, is a valuable window to the process by which practitioners overcome such challenges. Experiences of managing and responding to tensions generated during the pandemic may still be comparable with other circumstances in which contradictory pressures confront practitioners, including those in the post-pandemic context, when many of the pressures outlined continue amidst a cost-of-living crisis.

1.4   Research Aims and Questions

This brief overview of the core features of children's safeguarding practices indicates that children's safeguarding processes are subjected to multiple conflicting tensions stemming from features such as contradictory conceptualisations of safeguarding, competing interests within a fragmented multi-agency network and service demand outstripping resource availability. How do safeguarding practitioners navigate such tensions and ambiguities in their day-to-day practice? How is safeguarding practically accomplished despite such pressures? These are the critical questions this research seeks to address. To do so, it is necessary to establish if contradictory tensions are, indeed, a feature of safeguarding practice and, if so, what contributes to these tensions manifesting at the front line. The following chapter explores existing literature on tensions in work, examining insights from risk work, organisational dialectics, street-level studies and relevant individual studies in safeguarding-related professions. These insights from theory and research point to the prevalence of tensions in practice and some mechanisms by which these tensions are managed in day-to-day work. Research on coping indicates that coping is not a one-off event but a continuous process (Guilmot and Ehnert, 2015), and the mechanisms used to manage conflict and tensions can generate unintended consequences, including exacerbating existing tensions.

However, there has been limited research exploring tensions or coping – or more broadly of street-level bureaucracy and risk work frameworks– within the context of multi-agency children's safeguarding. Consequently, we have limited empirical evidence of what factors contribute to the manifestation of tensions for safeguarding pratitioners. Similarly, we have limited insights about how safeguarding practitioners – especially those outside social care contexts – experience and respond to tensions in the course of their work. Such research would not only advance our understanding of the process of coping in circumstances of street-level risk work but, in line with the principles of dialectical inquiry I introduce in the next chapter, advance our understanding of safeguarding as a social system.

The research questions are, therefore, as follows:

1. What contributing factors generate tensions for those working at the delivery level of multi-agency safeguarding processes?
2. How do safeguarding practitioners manage the tensions they experience in relation to multi-agency safeguarding processes?
3. How do practitioner experiences of tensions in safeguarding, and their responses to these tensions, change?

1.5   Iterations of the Research Design

To answer these questions, I designed a qualitative study, initially intended to take place in two stages, with the first stage taking place during autumn 2019. The first stage involved conducting scoping interviews with senior managers involved in child safeguarding to generate feedback on the research framework of coping with contradictions and scope out the feasibility of an ethnographic study in the sector. Retrospectively, these interviews provide valuable insight, from the perspective of senior managers, into the children's safeguarding context immediately before the COVID-19 pandemic. The stage one interviews informed the design of the second stage, which was due to start in March 2020. I was at the stage of participant recruitment, having received ethical approval for an ethnographically inspired study involving in-depth, in-person interviews and observations with up to 30 current and former practitioners involved with child protection proceedings.

Not only did these chosen methods need adapting to comply with the lockdown, but at that time, it was unclear whether the research questions remained relevant to the new pandemic context. At the same time, I recognised I was in an ideal position to capture how the unprecedented disruptions of COVID-19 were affecting safeguarding processes and any new tensions such constraints may have generated. Therefore, I adapted my ethics application to enable some initial scoping interviews to take place remotely. Over time, I honed the design of the research, introducing participant-elicited audio diaries and follow-up interviews, as depicted in Figure 2 below. Overall, as I reflect further on the conclusion of this thesis, there has been more continuity between the original framing of the research than change.

Figure 2

Original and Revised Research Design

Stage one with Senior Managers Completed *August-October 2019*	Original stage two With delivery level practitioners *March-August 2020*	Revised stage two With delivery-level practitioners *April 2020-January 2021*
Scoping interviews	Repeat semi-structured interviews / Participant observations at work	1st Wave video interviews May-July / Repeat Question Audio Diaries June-October / 2nd Wave video interviews November- January

In the end, three waves of data collection were completed for stage two between May 2020 and January 2021, and 30 participants took part in the study across the two stages, with seven senior managers participating in the stage one interviews and 23 delivery-level workers participating in stage two. Both stage one and stage two participants came from various education, health, social care, and voluntary sector organisations, and all were based in England. In chapter three, I will explore the methodological considerations that informed the research design, including the adaptions made because of the COVID-19 pandemic.

1.6   Positionality: Insider-Outsider Status

As Stanley and Wise (1993) articulate, there is no research technique that does not involve, at some point, the researcher's consciousness. Analysis is shaped at least in part by our experience. Researchers must recognise this to identify when the research process has started and challenge assumptions and beliefs derived from experiences. Stanley and Wise argue this should be made full use of and explored within the research, rather than hiding or leaving the personal out of the research process. This is echoed by Dorothy Smith (2005), who argues that the situated nature of the researcher should form the beginning and basis of social science enquiry. As a former practitioner working in various roles with children and families, I recognise that these experiences have influenced the research's conceptualisation, design and interpretation.

As a Refuge Project Worker, between 2012 and 2015, I was involved in child protection processes while services experienced cuts and closures. I, too, was confronted with this situation of increased demand and complexity of need and often found myself working with fewer resources and tools to respond to it. However, observations made later – while working as an advocate for children involved with social care – have been particularly influential, as these observations shaped the initial proposal for this study. In that role, I noticed how practitioners appeared to construct formal Child Protection Plans around service availability, not child or family needs. I also saw that professionals avoided referring families to specific agencies, such as housing or mental health services. When a mental health concern arose, mental health referrals were often not included in plans because professionals would argue there was 'no chance' children would be seen. Similarly, inadequate housing was frequently argued to be outside the child protection planning remit, even when overcrowded accommodation was the primary reason for inter-agency involvement. I wanted to understand this 'gatekeeping' behaviour, its effects and how practitioners themselves made sense of it. During the research, this 'insider' knowledge has provided a useful viewpoint, and my experiences have been a helpful tool when interpreting and understanding data. It has also enabled me access to contacts and participants, plus it arguably assisted in building rapport during the research process.

However, as a researcher no longer directly working in such contexts, I also have an 'outsider' perspective. I have not had the same professional training or accreditation as many participants in the study. Additionally, during the pandemic, my terms of reference were destabilised by the new context involving remote working, of which I had no professional experience. Engagement in the academic debate has influenced my understanding and interpretations of my previous professional practice. Participants reported that involvement in the study was valuable precisely because it provided space away from day-to-day work to reflect on practice, which work conditions do not broadly allow. Similarly, it was by stepping outside of practice that I have been able to gain a much deeper understanding of the issues confronting safeguarding practitioners. Informed by theory and research, I have been able to make greater sense of the situations I observed. For example, I gained understanding that the sort of collective gatekeeping I observed can be understood as a rationing – or 'coping' – strategy, a response to the contradictory circumstances of high demand and limited resources.

Therefore, throughout the research, there has been an interplay between my professional experiences, existing theory and research and the findings of this study, with each feeding into the other. Consequently, rather than understanding my positionality as fixed, as others have also recognised, my positionality has been fluid, with insider-outsider status shifting and dependent on context (Gair, 2012).

1.7   Outline of Thesis

The purpose of chapter two, which follows this introduction, is to present the core theoretical contributions informing the conceptual framework of the research while also establishing some crucial limitations and gaps in the existing literature that this research aims to fill. The conceptual framework, which rests on a Marxist ontology, brings together and builds on several vital theoretical contributions, including Michael Lipsky's (2010 [1969]) Street-Level Bureaucracy and Brown and Gale's (2018) tensions in risk work framework. The chapter is structured in three parts, beginning with the core principles of dialectical analysis as applied to children's safeguarding before exploring the interrelated themes of contradiction and coping in turn.

The third chapter presents the methodology for the study and is structured into two main parts. In the first section, I attend to the research design, highlighting the strengths of the longitudinal qualitative approach adopted, and I justify the specific methods involved in each stage. In the second section, I turn to data generation and analysis, attending to the critical methodological decisions I made throughout the process, including data analysis. I also present a breakdown of participant profiles for each stage and method used and describe other key features of the data

gathered. To conclude the chapter, I provide a brief reflection on the strengths and limitations of the research.

Chapters four through seven present the finding from the research. The purpose of chapter four is to summarise the research's core findings, offering a framework – or 'map' – for understanding the process by which safeguarding practitioners experience and manage the tensions inherent in their work. The chapter is structured in three parts, each addressing one of the three research questions. Therefore, the format for the findings takes an unconventional form by starting with an overview of the main conclusions. This is to enable the subsequent chapters to attend to the contextual details of the findings, while retaining a sense of how they connect as part of an overall process of experiencing and responding to tensions in children's safeguarding contexts.

I use a cartographical conceptual model to explain this, with each chapter adding a different perspective – or 'layer' – to the simplified map offered in chapter four. I present this metaphor and the findings explored in each chapter at the end of chapter four but will briefly summarise the contribution of each chapter in turn here. In chapters five and six, we turn on the 'satellite overlay' feature, offering an aerial photograph of the terrain. This filter adds contextual depth and detail, offering the viewer alternative possibilities for navigating the terrain. However, a satellite image is also a product of a specific moment; similarly, chapters five and six offer enhanced contextual detail, including time. In chapter five, I focus on how practitioners' work conditions in the pre-pandemic period were constrained by resource pressures associated with austerity policies and how this contributed to resource-related and multi-agency tensions. In chapter six, I focus on the tensions arising from the safeguarding knowledge held by practitioners. I show how the disruptions of the pandemic reveal essential features of the pre-pandemic context, including assumptions about the safeguarding importance of seeing children. Meanwhile, chapter seven offers a perspective of how the coping processes occur 'on the ground' and is the equivalent of providing a 'street view' of the terrain. This is achieved through two case studies – James and Persephone – which build on themes explored in the other three findings chapters by examining the change process.

The final chapter brings the thesis to a close by drawing out the main conclusions from the research, also discussing the contribution of the framework developed for understanding tensions and coping within children's safeguarding and areas for further investigation. I finish by establishing the ongoing relevance of the findings in the post-COVID context, where issues of high demand and limited resources remain and are in many ways intensified by the cost-of-living crisis and continued legacies of austerity.

Chapter 2   Tensions and Coping: The Theoretical Basis

This study aims to advance our understanding of the factors contributing to tensions in children's safeguarding practices and how practitioners manage these in their everyday work. In the previous chapter, I established the setting and context of the research, and I defined safeguarding as a system of multi-agency working aimed at keeping children safe and promoting their welfare. I introduced some key features of children's safeguarding in England, and in doing so, we saw evidence that safeguarding practitioners operate under pressure, not only because of resource limitations but also heightened accountability for assessing and managing risk. I highlighted that conflicting assumptions about terms such as harm and risk alongside fragmentation in multi-agency working arrangements are also a source of tension. Those working with children in safeguarding situations have comparable experiences, even if their professional identity and contexts are diverse because they must navigate these tensions during their day-to-day work.

The purpose of this chapter is to examine relevant theory and research that can advance our understanding of how such pressures are experienced and managed by these practitioners operating at the so-called 'front line' of service delivery – those working directly with children and families in safeguarding situations. To achieve this, I will examine relevant insights around two main themes: contradiction and coping. In analysing relevant theoretical insights on contradiction, I seek to go beyond the identification of specific tensions within safeguarding contexts and rather to understand the nature of such pressures and what they can reveal about safeguarding practices themselves, such as the actors and interests involved and the constructions of risk and harm directing safeguarding activities. Meanwhile, by analysing coping, I seek to understand how practitioners may respond in everyday practice to these tensions, such that safeguarding work can be practically accomplished despite contradictory pressures.

2.1   Structure of Chapter

The chapter is structured in three parts. First, I present a dialectical approach to understanding children's safeguarding. Principles of dialectical analysis, which are grounded in Marxist ontology, have been critical in developing this research's theoretical and methodological framework. I therefore begin by introducing the four main principles of dialectical analysis advanced by Benson (1977) and apply them to the study of children's safeguarding processes. These principles will be returned to throughout the chapter, as they establish essential assumptions about the importance of contradictory tensions for sociological inquiry and bring the two substantive themes of coping and contradiction into dialogue.

The second section of the chapter focuses on theory and research that advances our understanding of the nature of tensions in children's safeguarding practices. Here, I discuss critical insights from organisational and management studies, including the organisational paradox field, which defines tensions as contradictory but interdependent demands. I further explore the tensions of public service work identified by Lipsky (2010) and the three-core tension-generating features of risk work identified by Brown and Gale (2018a; 2018b), which I apply to the study of safeguarding. I conclude this section with a brief discussion of how practitioners may experience tensions as anxiety and stress, making links between findings from street-level studies and the current work on 'moral injury'.

In the third and final section of this chapter, I turn to the phenomenon of coping with tensions in children's safeguarding. Again, I draw from valuable insights developed in organisational and management studies, including a definition of coping as a process. The focus of this section is to examine the contribution that Michael Lipsky's (2010) work on coping in public service delivery work can offer to our understanding of how safeguarding workers accomplish their tasks, despite enduring tensions and conflict. I also establish the importance of mental and emotional mechanisms used by practitioners to shield themselves from work tensions, as evidenced by contemporary research carried out in children's safeguarding contexts.

I conclude the chapter by bringing together these insights, establishing a framework for understanding how practitioners manage tensions in children's safeguarding processes. I also highlight the limitations and gaps in existing theory and research that have informed this study's research questions.

2.2   Part One: A Dialectical Approach to Children's Safeguarding

Dialectical theory has been described as a "meta-theory" (Halbesleben, Whitman and Crawford, 2014, p.180). It offers a set of interrelated conceptual assumptions to guide analytic inquiry rather than a set of specific propositions. Benson (1977) articulates these interrelated principles as social construction, totality, contradiction and praxis, which in combination provide a dialectical account of the emergence and maintenance of social forms. Below, I separately discuss how each principle offers valuable insight into children's safeguarding processes, establishing safeguarding practice as characterised by numerous conflicts and tensions, an analysis of which can provide an important insight into the social dynamics of safeguarding work.

Firstly, social production (also labelled as construction) describes the process of human action, which establishes institutional arrangements and social order (Seo & Creed, 2002). This principle is grounded in Marxist ontology, with 'real' people active in social and political relations, creating

social patterns through their activities which establish institutional arrangements (Smith, 2015; Gould, 1978). Power mediates such actions, as some social actors have a greater capacity to control the direction of events, including imposing their constructions through the control of existing social institutions. Consequently, social arrangements constrain individual actions, forming the basis for contradiction (Benson, 1977). Analysing children's safeguarding through a social production lens reveals how the core features of children's safeguarding, including an understanding of harm, are the outcome of historical processes by people operating within and outside the field. It also means recognising that practices continue to be shaped through the activities of people operating at various levels, including practitioners. This justifies considering how specific constructions have come to dominate practice, including discourses around risk and definitions of harm, and asking which interests are served through current arrangements.

To illustrate this point, I mentioned in the previous chapter that the current safeguarding system is highly focused on the risk of parental harm. The Munro review of child protection focused on protecting children from "poor or dangerous parental care" (Munro, 2011, p. 69). I described how defining the core functionality of child protection interventions as preventing parental harm meant public issues of social deprivation are constructed as individual failings. A hungry child becomes the failure of a parent to provide food, with parents expected to be "buffers" against poverty (Gillies, Edwards & Horsley, 2017), not the failure of a society to ensure sustenance for all. This emphasis on individual responsibility aligns with the neoliberal values that have underpinned austerity policies (Alston, 2018). The same values have overseen the reframing of collective risk responses as individual risk responsibilities (Kemshall, Wilkinson and Baker, 2013).

A consequence of these constructions is that safeguarding professionals are constrained within their working practices to pursue an alternative vision of safeguarding children, limiting, for example, the extent to which they can take a 'social justice' stance (Weinberg, 2018). Additionally, causes of serious harm to children, like criminal and sexual exploitation and peer group violence, are not adequately addressed within existing safeguarding systems because of the focus on parental harm. Though parenting may impact children's vulnerabilities to these extra-familial harms, parents who are desperately seeking to prevent harm to their children can become the target of interventions based on notions of 'failing to protect' them (Firmin et al., 2023). Similarly, as the NSPCC (2014, p.3) concludes, young people can be "put at risk of significant harm from their own behaviour" and suicidal feelings should be treated as a child protection issue, triggering the same level of response to children at risk of harm from others. However, safeguarding protocols tend toward contacting emergency services and referring to mental health services, constructing suicide as a health issue (Williams et al., 2020). Hence, we see how different conceptions of what constitutes harm have consequences for safeguarding practices. Many key

concepts in safeguarding and the organisational practices which align with them are locations of contestation, with a conflict between competing constructions by different stakeholders in the system.

The principle of totality directs analytical attention beyond normative boundaries to explore the interconnectedness of social and institutional arrangements within and outside organisational forms. Any social arrangement or structure is considered part of a more extensive system, not an isolated or abstract phenomenon (Benson, 1977). Considering things in their totality recognises the partially autonomous components of institutional arrangements. However, such an approach is committed to understanding how they link to produce complex, interconnected systems (Seo & Creed, 2002). Applying the totality principle to children's safeguarding means recognising the interrelation between specific social or organisational contexts and macroeconomic features, social and political structures, and governing agendas. This necessitates the consideration of socio-economic and political features such as neoliberalism and austerity on local conditions, which I have already discussed as shaping working conditions, framing practices and determining the funding status of agencies.

Totality also means transgressing traditional disciplinary, organisational and professional boundaries, considering how different agencies interact with each other in formal and informal safeguarding processes. Multi-agency dynamics play a significant part in practitioners' day-to-day experiences, and attention to these multi-agency processes can reveal practices that may otherwise go under the radar. For example, Farre and colleagues (2017) illustrate the collective and interactive nature of risk-related practices used by nurses responsible for the safe administration of drugs, establishing that a range of collaborative and interactive risk-related practices fall outside of established organisational frameworks and protocols. Similarly, risk-related practices in children's safeguarding are constructed through a range of social interactions, operating within a dynamic set of relationships, practices and situations, many of which are not captured by formal statutory understandings of risk management frameworks.

However, limited risk work research has explored how understandings and practices of risk are negotiated through such multi-agency deliberations (Crath, Dixon and Warner, 2023). A similar claim can be made about existing safeguarding research, which typically mirrors professional boundaries. Research that adopts a multi-agency focus is often limited to formal processes such as power dynamics within the multi-agency meeting (Appleton, Terlektsi and Coombes, 2013) or effective information sharing and communicating (Thompson, 2016; Jahans-Baynton and Grealish, 2022). Consequently, the primary way safeguarding practitioners (and risk workers more broadly) are conceptually understood within existing literature is in relation to their professional identity

and roles. By remaining within the confines of professional boundaries and formal processes, our understanding of the tensions experienced by practitioners and their risk-related practices may be limited.

As we have already seen, contradiction – the third principle outlined by Benson (1977) – is generated from the process of social construction, which produces "contradictions, ruptures, inconsistencies, and incompatibilities in the fabric of social life" (Benson, 1977, p. 4). Within safeguarding, contradiction can take numerous forms. Examples already mentioned include discrepancies between available resources and demand, conflict between different agencies drawing on conflicting knowledge bases and constructions of harm, and as a consequence of the multiple (arguably conflicting) responsibilities contained within the definition of safeguarding itself. Such tensions are not necessarily new. Within professions such as social work, longstanding tensions arise from conflicting ideological traditions (Crath, Dixon and Warner, 2023) and the dual role of exercising both care and control (Hood, 2016). Contradiction can also occur because practitioners' values and professional standards conflict with organisational or policy directives. Workers often enforce definitions of need and entitlement that they are at odds with (Aronson & Sammon, 2000). Weinberg (2018) argues that these contradictions are impossible to avoid, as the conditions of practice mean that workers cannot be consistent with their professional standards. For example, the professional standard of being non-judgmental is entirely inconsistent with a role that requires constant evaluation, observation and judgement of parental ability.

Contradiction is essential within dialectical analysis because we can reveal important insights about organisations and systems by identifying the sources of conflict and the forces or interests that reproduce them. For example, taking a specific tension in children's safeguarding contexts and analysing its key features can reveal various insights relating to social structures across levels. Figure 3 below depicts some of the social, economic and historical safeguarding features I have identified within existing literature which may contribute to tensions for practitioners operating at the delivery level. Many of these have already been discussed, including work conditions, historical constructions of child protection, the political climate and professional standards.

Contradictions are also of interest in dialectical analysis because how individuals manage them can change people or systems (Halbesleben et al. 2014). Contradictions place constraints and limits on what is possible within a particular system at a specific time. As long as they remain unresolved or unconfronted, they continue to be reproduced and entrenched. However, the fourth and final principle Benson articulates, praxis, recognises that responses to contradiction can be conscious acts, and these acts form the basis of new social arrangements. Praxis is not the same as ordinary social action but refers to activities guided by critical reflection on practice

traditions, limitations and ethical commitments (Higgs, McAllister & Whiteford, 2009). For example, practitioners aware of the limitations of current practice are advocating for alternative systems of child protection and safeguarding, such as a 'social model' (Featherstone et al., 2018). Additionally, social contradictions may occasionally generate crises which can initiate an active search for alternative arrangements (Benson, 1977). Such a trend can be seen in child protection and safeguarding policy, with Frost and Dolan (2021) describing a "scandal-led" method of policymaking in response to high-profile cases of child maltreatment.

Figure 3

Examples of features contributing to tensions in children's safeguarding processes.
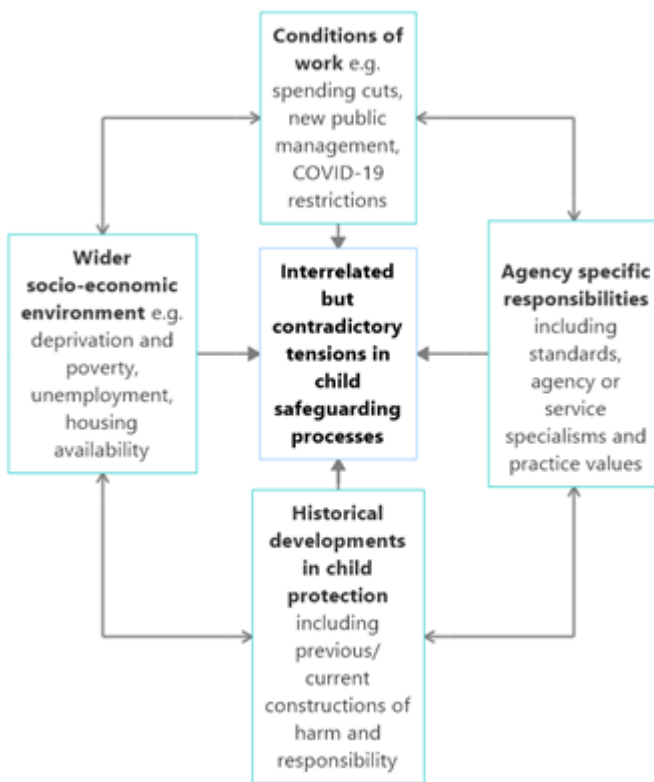
In day-to-day work, practitioners may also resist or push back against imposed constructions of practice. For example, during her study into the 'ethical trespass' of social work in Canada, Weinberg found evidence of workers acting as 'responsible traitors' by sharing insider knowledge and breaking the rules, such as by discussing abortion and contraception options with clients despite Catholic funders' opposition to this. She found the critical difference in whether workers broke the rules in favour of clients was the level to which workers were self-critical and questioned existing organisational structures, with a high level of reflexivity seeming to reduce "ethical trespass". However, Weinberg also found that those with high reflexivity and ethical standards were more likely to 'burn out,' resulting in workers leaving the field entirely. I return to

this theme later, which indicates individual-level resistance is unsustainable for workers over time.

These four interrelated principles of construction, totality, contradiction and praxis offer, in combination, a dialectical account of the emergence and maintenance of social forms. As this is a dynamic process, dialectical analysis does not offer a pre-defined theory of change. Instead, understanding how dialectics plays out within organisational dynamics can only be concretely explained after collecting data on the social process being studied. In other words, "dialectics describe but do not predict" (Clegg and Cunha, 2017, p.116). However, it is assumed that when experiencing tensions, social actors will undertake steps to reduce them (Halbesleben et al., 2014)

For children's safeguarding, three assumptions of dialectical analysis are particularly pertinent to this research. Firstly, through analysing the sources of contradiction and conflict, we can reveal more fundamental features of safeguarding practices and dynamics, such as the constructions of practice different actors draw from, and the competing interests involved in maintaining or challenging these. Secondly, by considering how practitioners respond to such tensions, whether through critical deliberation or a less conscious reactionary response, we can learn how practice is shaped in the day-to-day actions and activities of those operating in this arena. Finally, to understand both these aspects – tensions and coping – it is necessary to look beyond existing organisational and professional boundaries, considering the interconnectedness of different partially autonomous structures within the safeguarding system by adopting a cross-agency focus. Each of these assumptions establishes that principles of dialectical analysis can not only advance our understanding of everyday experiences of safeguarding practitioners but can also reveal essential features and workings of children's safeguarding as a social system.

2.3   Part Two: Analysing Tensions in Children's Safeguarding Processes

Building on Benson's articulation of the principles of dialectical analysis in organisational research, a branch of management and organisation studies has emerged, exploring the contradictory and interrelated tensions in organisational life under the banner of organisational paradox research. Duality, paradox and dialectic are all used within the literature. While important distinctions exist between these terms and approaches, each focuses on "multiple demands that are *both* contradictory, as well as interdependent" (Waldman, 2019, p. 1, italics in original). These dual features of contradiction and interdependency differentiate these kinds of tensions from other dilemmas, trade-offs or competing demands that workers or organisations may face (Smith et al., 2017). For example, the basis for the longstanding tension between care and control in social work is the two interdependent conflicting responsibilities of being required to provide care to

others while also preventing others from coming to harm (Weinberg, 2018). Navigating whether to provide care or exercise control is more than deciding which competing tasks to carry out, because exercising power impacts the capacity to care and vice versa. Organisational paradox studies describe tensions embedded and persistent over time (Waldman, 2019) and are experienced by organisational actors in various ways (Smith et al., 2017).

While providing this useful shared definition of tensions as contradictory and interdependent, theory and research within the organisational paradox field encompasses a diverse range of theoretical and philosophical traditions. Consequently, studies of organisational paradox have themselves come to apply core theoretical assumptions in contradictory and interdependent ways, creating what Smith and colleagues (2017, p.3) describe as the "paradox of paradoxes". It is therefore necessary to align with a branch of paradoxical enquiry to achieve theoretical and methodological congruency. The processual perspective offered by dialectical approaches grounded in the principles I have outlined by Benson has been most useful for this study. A key difference between this and other approaches is that many scholars using a paradox lens treat paradox "as static and fixed" (Waldman et al., 2019, p.4). In contrast, change is inherent to dialectics, and this has significant ramifications when considering how organisational actors respond to tensions, as I will discuss in more detail later in this chapter.

2.3.1 Tensions in public service work

While management and organisation studies developed paradox theory concerning all contemporary organisations, policy implementation research has explicitly focused on the public service delivery sector. Michael Lipsky's (2010 [1980]) work Street-Level Bureaucracy is a seminal text in this field that establishes, alongside other classic 'bottom-up' texts, how policy implementation – delivering public policy through public services – is fraught with contradictory demands and tensions.

As introduced in the previous chapter, core to Lipsky's approach is that discretion is a necessary feature of some public service work, given that policy can't predetermine protocol for every presenting case. Furthermore, citizens want public services to be responsive to the presenting case and specific circumstances relating to it – what happens at the street level. Consequently, some workers are required to interpret rules and allocate services at the delivery level. Yet most citizens also expect fairly administered public services, which are not biased or random but overseen by bureaucratic procedures according to rules, procedures and entitlements. This is the paradox which Lipsky argues those whom he refers to as street-level bureaucrats embody and which is reflected in the title: "bureaucracy implies a set of rules and structures of authority;

street-level implies a distance from the centre where authority presumably resides" (Lipsky, 2010, p. xii). Due to this paradox, street-level bureaucrats must have discretionary powers enabling them to respond to individual cases.

However, Lipsky also establishes that work conditions mean public service workers typically do not have the time, resources or information to respond to individual cases. Consequently, discretion is not exercised following critical, high-level decision-making. Furthermore, he details how workers typically find themselves in conditions of insufficient resources to meet demand, and they also characteristically work in jobs with ambiguous or conflicting goals. Lipsky asserts that these conditions of public service work, along with other examples such as those relating to the characteristics of clients, generate tensions at the point of delivery which workers experience as stress.

As I discussed in the previous chapter, many practitioners working with children or families in safeguarding situations fall under this conceptual category of "street-level bureaucrat", and it follows that they experience many of the contradictions outlined by Lipsky stemming from work conditions. As Lipsky outlines, such conditions prevent them "from coming even close to their ideal conceptions of their work," such as the desire to carry out fulfilling, socially useful work that helps people and makes a difference (Lipsky, 2010, p. xiv). However, while safeguarding practitioners are involved in public service delivery and are therefore affected by the conditions Lipsky outlines, their practices are also framed by requirements to work with risk. Risk brings specific implications and tensions which may not be present in other forms of street-level public service work (Horlick-Jones, 2005), meaning that safeguarding practitioners may both experience and respond to street-level tensions differently from other public service workers.

2.3.2   Tensions in risk work

Brown and Gale (2018b) establish that the core features of risk work – which they define as Risk Knowledge, Intervention and Social Relations – generate tensions which are discernible in client-facing risk work, as depicted in Figure 4 below. Their framework is valuable for analysing the component features of tensions in children's safeguarding work.

Figure 4

Core concepts and tensions in Risk Work
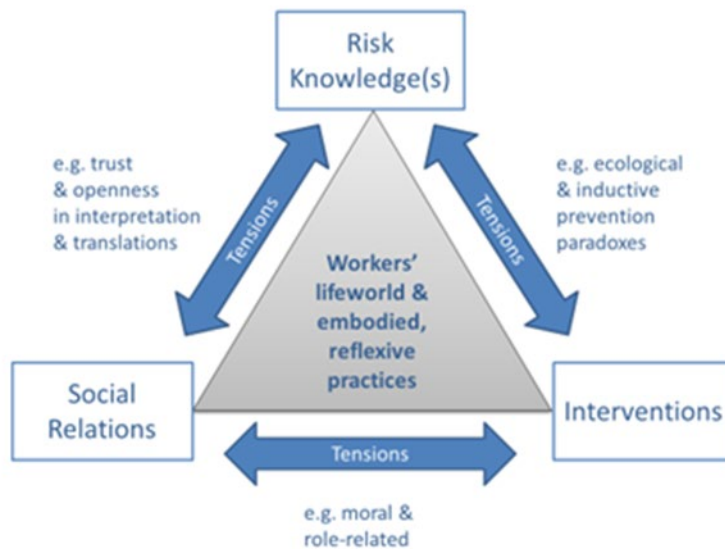
(Brown & Gale, 2018b, p.5)

Risk knowledge refers to both formal and tacit knowledges regarding risk, and it is this knowledge which practitioners draw from to inform interventions aimed at managing risk, including lowering the likelihood of a risk becoming realised. For example, practitioners working with children are trained to identify signs that a child is either already experiencing or is at risk of coming to significant harm. One source of knowledge is the findings of Child Safeguarding Practice Reviews (previously known as Serious Case Reviews). These were established under the Children Act (2004) to establish lessons from cases where a child has died or come to serious harm because of suspected abuse or neglect. Practitioners can use these findings to identify children whose lives share features or circumstances identified in case reviews and target these children for a risk intervention, such as referring the child to social services or deciding to initiate child protection proceedings. A range of risk assessment tools, including those driven by algorithmic decision-making, have been developed, which also increasingly contribute to the aggregate risk knowledge about a child or family (Edwards and Ugwudike, 2023).

However, it is not straightforward to take population knowledge that has been disentangled from individual circumstances and re-embed this at the local level. This kind of risk calculation can suffer from ecological fallacies, where group or population data is used to make inferences at the individual level (Iverson, Brostrom and Ulander, 2018). There is a big difference between knowing about factors that increase the likelihood of a child coming to significant harm and accurately identifying which children this applies to without examining each child's or family's individual experiences. Existing research has identified many problems with using serious cases, especially

high-profile cases, as an evidence base, not least because it is retrospective and there will be many situations where risk factors were present, but the risk was not realised (Littlechild, 2008). Selecting risk interventions is further complicated when weighing up the negative consequences of risk interventions themselves, with the potential to cause more harm or harm of a different kind by, for example, removing a child from their family home and placing them into long-term foster care. Tensions are therefore generated for practitioners when attempting to carry out specific risk interventions based on generalised risk knowledge.

An example of the complexities of applying population knowledge to individual cases is found in the 'toxic trio' debate. The term 'toxic trio' has gained traction and has become a dominant, influential phrase among child protection professionals (Lewis and Brady, 2018) since it was established that in 86% of series cases reviewed between 2005 and 2007, domestic violence, substance misuse or parental mental health issues were a factor (Brandon et al. 2012). However, as the report's authors have since warned, a narrow focus on the 'toxic trio' issues oversimplifies the relationship between these factors and maltreatment, including obscuring the interplay between the trio and other circumstances (Sidebotham, 2019). There will be cases where the factors are present, but children are "nevertheless loved, cared for and nurtured, and free from any form of abuse or neglect", and as many as 21% of cases where none of these factors is present but children have been seriously harmed (Sidebotham, 2019, para 4). Therefore, though knowledge about the increased risk associated with domestic violence, substance misuse and parental mental health may help to identify children at risk, translating this risk knowledge into actual interventions with specific children or families generates tensions.

The selection of risk intervention is also mediated by social relations – the third component in the risk work model. We have already seen how conflicting understandings (or knowledge) about risk between professionals can lead to tensions and how existing arrangements may predetermine the nature of risk interventions. Social relations also include interactions between the risk worker and whoever is the potential recipient of a risk intervention. Though practitioners are supposed to consider the child's best interests, children also have a right to have their views heard and taken seriously. This can form the basis of another tension if children's views and wishes contrast with professional understandings about what is in their best interests. In children's safeguarding, parents and carers also provide an essential component of social relations, and their understanding of risks and risk interventions may conflict with those of the workers involved.

By exploring the core features of risk work we see how, in implementing risk interventions, the implicit features of risk re-emerge as tensions. We see how abstracted risk knowledge is homogenised, lifted out of context and then re-embedded in specific cases (Chivers, 2018),

requiring negotiation with other people to formulate specific courses of action. The above examples are not exhaustive but demonstrate how tensions of various forms can be generated from the core features of risk work. A key challenge for practitioners in safeguarding is selecting appropriate risk knowledge and interventions to draw from within the broader context of increased risk accountability and conditions of restricted resources.

It is also possible to use the framework advanced by Brown and Gale to assist in the tasks of analysing tensions to reveal the contributory features. In other words, taking a specific tension discernible within a practitioner's account and looking for evidence of how risk knowledge, social relations or risk interventions may manifest within it or directly contribute toward it. In line with dialectical analysis, in doing so we may reveal important dynamics and practices that are missing in institutional or formalised accounts of safeguarding arrangements. For example, the specific risk knowledge a practitioner is drawing from to justify their preferred choice of intervention or the constraints on risk interventions imposed through organisational policies or social dynamics.

2.3.3   How are tensions experienced in practice?

The literature introduced so far points to inherent, contradictory and interdependent tensions as a feature of social life. The theoretical contributions of Brown and Gale, and Lipsky, are valuable tools for identifying factors contributing to tensions within safeguarding processes, and we can anticipate that these tensions may arise from a combination of requirements to work with risk and the conditions of public service work. However, to date, there has been limited empirical research exploring the factors contributing to tensions in multi-agency safeguarding work. There is also limited research that explores how children's safeguarding practitioners experience such tensions. Literature drawing on Lipsky, sometimes defined as 'street-level studies', has focused on welfare and housing services, with safeguarding and the related child protection category poorly represented. The research that does exist (see Smith & Donovan, 2003) is mostly related to social workers in the USA or Canada, where social work has developed in very different professional and welfare contexts.

Though UK social work is better represented within risk work literature, there is still a need for further research that examines how risk workers experience risk-related tensions in their day-to-day practice (Brown and Gale, 2018), including through the collaborative risk work that is a feature of children's safeguarding (Crath, Dixon and Warner, 2023). A key area for such research includes developing an understanding of the process by which practitioners 'veil' tensions within their day-to-day work, meaning tensions are not fully exposed or confronted (Brown and Gale, 2018).

In health contexts, research into the experiences of risk workers has evidenced that tensions are experienced as anxiety and stress. For example, Farre and colleagues (2017) describe how competing demands translated into feelings of stress for nursing staff in their study on the safe administration of drugs in hospital settings. Nurses had a strong sense of personal responsibility for avoiding a drug error, yet clarifying information led to delays in patient treatment and care, another important feature of their work, generating feelings of ethical conflict. Similarly, Turnbull and colleagues (2018) found that the impact of risk work on NHS 111 call handlers was to "engender feelings of responsibility and anxiety" (Turnbull et al. 2017, p. 205). Therefore, as Stanley (2018) concludes, there is a case for understanding risk work as a form of emotional work.

There are overlaps here with the developing literature on 'moral injury', a clinical diagnosis for severe distress arising from actions that breach a practitioner's ethical values (French, Hanna and Huckle, 2022). Moral injury, which is generating attention, especially within the health field, has been described as "the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints beyond our control" (Dean et al., 2019, p. 401). There is minimal research applying moral injury to child protection or safeguarding contexts, but research suggests safeguarding practitioners encounter "morally troubling dilemmas" in clinical, administrative and interpersonal domains (Reamer, 2022, p.258). Researching in the US context, Haight, Sugrue and Calhoun (2017) found evidence of moral injury among child protection professionals across a range of areas including because of under-resourced systems, problematic professionals, unfair laws and policies and an adversarial system. For example, 89 per cent of participants described "morally injurious events" occurring because of insufficient resources within the system, leading to inadequate services and high caseloads that precluded effective intervention (Haight, Sugrue and Calhoun, 2017, p.32).

According to moral injury literature, when such conditions of work are experienced chronically, the result is psychological distress resulting in symptoms like those of Post-Traumatic Stress Disorder. Moral injury is also associated with the less-researched concept of "moral residue", which is the cumulative effect of unresolved moral distress (Bennett and Eagan Chamberlin, 2013). Developing research on moral injury is finding that exposure to unresolvable tensions drives burnout and sickness (Dean et al., 2019). Professionals also respond to moral distress by leaving employment (Haight, Sugrue and Calhoun, 2017). Regardless of whether the term moral injury is useful as a distinct clinical category, it is relevant for this thesis that – as Lipsky theorised – exposure to such work-based tensions is experienced by practitioners as emotional stress.

2.4 Part Three: Coping in the Context of Children's Safeguarding

The purpose of this final section of the chapter is to explore the theme of 'coping', seeking to understand how existing theory and research advances our understanding of how practitioners involved in safeguarding work may respond to or navigate tensions. I draw from the same literature base as in the previous section, exploring insights from organisational paradox studies, street-level studies and risk work.

2.4.1 Coping as process

An insight from paradoxical organisational research that offers useful insights into how risk workers manage tensions relates to the concept of 'coping' with paradox— how decision-makers respond to contradictory features (Huq, Reay & Chreim, 2017). Attempts to understand how paradox plays out within organisations have revealed various coping responses deployed at the individual, institutional or inter-organisational levels in response to paradox (Poole & Van de Ven, 1989; Putnam, 2003; Smith & Lewis, 2011). Examples include exclusion, where a contradiction is ignored by only attending to one pole, such as a children's social worker asserting that they are there to support the child and not the parent, even though the child's interests are intricately interconnected with the circumstances of their carer. Alternatively, tensions can be managed through separation, where contradictory elements are dealt with separately, for example, by officers assuming the role of good cop and bad cop (Clegg and Cunha, 2017).

However, research has also found that many of these coping strategies are defensive and only offer short-term relief. Dialectical approaches within paradox studies have established that any qualitative changes which emerge in response to tensions are not necessarily progressive or superior to the previous state, and the results can be both desirable and undesirable (Clegg and Cuna, 2017). The techniques people use to frame tensions can have adverse personal or organisational effects (Tracey, 2004). This results in the reinforcement of vicious cycles which perpetuate or intensify the contradiction and the tensions they generate (Lewis, 2000). Consequently, developments in this field establish that coping is best understood as an ongoing process comprising a combination of efforts to manage paradoxical tensions over time (Guilmot and Ehnert, 2015).

Developments in coping theory echo this view. Lazarus (1993) is seminal in advancing the understanding of coping as a process and countering the 'states' view of coping, which asserts that coping is a fixed feature of people's personality. Lazarus establishes that coping is contextual and changes from one time to another, reflecting changes in how a problem is encountered over time. He differentiates between coping responses and outcomes, with no universal "good" or

"bad" coping style, and he identifies two major functions of coping: problem-focused and emotion-focused. Problem-focused coping involves changes to the environment or oneself. Meanwhile, emotion-focused coping alters how the problem is understood or attended to, thus mitigating associated stress even if the actual conditions have not changed. He theorises that when people believe stressful conditions are controllable by actions, they will engage in problem-solving coping approaches, but when they are viewed as refractory to change, emotion-focused coping predominates. However, he observes that problem-solving coping is given greater focus in Western societies due to a distrust for emotion-focused coping.

Therefore, we find two useful insights relevant to understanding how children's safeguarding practitioners respond to tensions from organisational paradox research and coping theory. Firstly, coping is defined as an ongoing process comprising the combination of efforts used in response to tensions by practitioners. Second is the recognition that such responses may have various aims, not only to resolve a tension but also "to reconcile, use constructively, or accept paradoxical phenomena" as well as to "manage (i.e. master, tolerate, reduce, minimise) or overcome the paradoxical tensions which strain or exceed a person's resources" (Lazarus and Lunier, in Guilmot & Ehnert, 2015, p.14). Such a definition considers the multiple strategies an individual may use to 'cope with' or manage contradictory pressures. This establishes the need for research that examines coping as something taking place over time. In the case of children's safeguarding, practitioners may be more or less conscious of the presence of conflicting and interrelated tensions at different stages and will try out various attempts to manage them. It will be the overall combination of these processes which results in their coping response.

Along with the definition of coping as a process, we also find within organisation and management studies a catalogue of strategies already registered by organisational scholars to describe the management of contradictory tensions. These strategies provide a helpful point of comparison and frame of reference for understanding coping responses within children's safeguarding.

2.4.2 Coping in public service delivery work

Lipsky (2010) posits that those he conceptualises as street level bureaucrats use their professional discretion to develop routines of practice that make the processing of clients easier, allowing them to 'cope' with the tensions inherent to their work. These routines include the "rationing" of services by restricting information about services or making access to them more difficult, as well as "creaming" by selecting the easiest cases or those with the highest chance of success to work with. These practices are accompanied by what Lipsky describes as "client processing

mentalities", which are the psychological mechanisms that support client processing routines and practices. The core tenets of this coping response, comprising both behaviours and mentalities, is outlined in the extract below.

> "How is the job to be accomplished with inadequate resources, few controls, indeterminate objectives and discouraging circumstances? There are three general responses that street level bureaucrats develop to deal with this indeterminacy. First, they develop patterns of practice that tend to limit demand, maximise the utilisation of available resources and obtain client compliance over and above the procedures developed by their agencies. Second, they modify their concept of their jobs so as to lower or otherwise restrict their objectives and thus reduce the gap between available resources and achieving objectives. Third, they modify their concept of the raw material with which they work – their clients – so as to make more acceptable the gap between accomplishment and objectives."

(Lipsky, 2010, p.82-83)

These responses do not occur in a vacuum but are influenced by factors including professional training, the existing culture of an agency and broader society, and the extent to which goal orientation has been pre-directed.

Examples of mechanisms for modifying work objectives include specialisation, a strategy similar to findings of paradox studies, which involves avoiding conflict by, for instance, separating tasks between people or departments. Another strategy he identifies is goal prioritisation, which can act as a script for action when conflicting or ambiguous goals confront workers. Lipsky gives the example of a police officer who does not arrest after witnessing an unlawful incident because they decide to prioritise maintaining order, and an arrest may act as a catalyst for community disharmony. Smith & Donovan (2003) offer an example of modifying work objectives in the context of safeguarding. They found that despite the professional standard of working with the whole family, foster caseworkers in the United States tended to conceptualise the child as the client and deprioritise their responsibility towards the parent due to workload pressures.

Client differentiation is the other aspect of client processing mentalities Lipsky identifies. This represents more than a preference for certain clients or enacting pre-existing biases. Rather, Lipsky argues that client differentiation provides an important psychological function, acting as the rationale for client processing practices and helping workers justify their jobs to themselves. Lipsky posits that by doing for some clients what they cannot do for all, workers save a proportion of the job that aligns with their ideal conceptions, providing reassurances that they can do the job

well. An example of a client differentiation strategy is client blaming, which Lipsky identifies as a conceptual instrument that allows workers to distance themselves from responsibility for outcomes and shields them, as a worker, from blame for objectives not being met. As Lipsky posits, "If the client is to blame, street-level bureaucrats are shielded from having to confront their failures or the failures of the agencies for which they work" (Lipsky, 2010, p. 153).

Therefore, for Lipsky, these three components – the patterns of practice, conceptions of the job and conceptions of clients – must fit together if street-level bureaucrats are to resolve work contradictions successfully. However, literature citing Lipsky has tended to focus on the first of these three responses – the patterns of practice, or observable coping behaviours – that street-level workers develop in response to pressurised work conditions. As with paradox research, these identified coping strategies are a useful reference to compare with findings of coping within safeguarding contexts and examples in the literature include rationing of service, gatekeeping, rule-bending, rule-breaking and emotional distancing (Alden, 2015; Weinberg, 2018; Grootegoed & Smith, 2018). However, limited attention has been given to how street-level workers utilise the "mentalities of coping", such as altering the conceptions of work – the function of coping Lazarus defined as emotional-focused coping.

For example, Tummers and colleagues (2015) have an advanced understanding of coping during public service delivery work. Their systematic review provides a useful categorisation of strategies used by workers, identifying three "schools" deployed by frontline workers: 'moving towards clients' (coping in the client's benefit), 'moving against clients' (coping in the worker's benefit involving confrontation with clients) and 'moving away from clients' (coping in the worker's benefit by avoiding meaningful interaction with clients). Interestingly, they found that there were discrepancies between professionals, with the police and social workers least likely to bend or break the rules in favour of clients, in contrast to health workers and teachers, who were found most likely to. However, they purposefully define coping as "*behavioural efforts* frontline workers employ when interacting with clients, to master, tolerate or reduce external and internal demands and conflicts they face on an everyday basis" [my emphasis] (Tummers et al., 2015, p.1100).

Though the definition they use is consistent with the policy implementation and public administration fields, its limitations are that it (and studies of a similar character) focuses analytic attention on coping behaviours enacted at the point of interaction with clients, thus negating the mentalities which support such behaviours as part of the wider processual dimension of coping. In some ways, this prioritisation of behavioural efforts reflects Lazarus' observation that problem-solving coping is given greater focus in Western societies. Yet, as Lazarus (1993 p.238) discusses,

under certain circumstances, "particularly those in which nothing useful can be done to change the situation – rational problem-solving efforts can be counterproductive, even likely to result in chronic distress when they fail". Consequently, in these situations, emotion-focused efforts are more effective strategies.

Given that we anticipate safeguarding practitioners to face tensions which are inherent, contradictory and interrelated, emotion-focused coping will not only play a part in how practitioners manage tensions in safeguarding but may even be the primary strategy they deploy. There are some indicators of this within risk work, where, for example, we see the notion of 'veiling' tensions in day-to-day practice. Veiling could be conceptualised as a coping strategy similar to emotionally-focused coping and Lipsky's formulation of mentalities of coping. Chivers (2018) identifies a similar phenomenon, explaining how the tensions social workers experienced about implementing the Prevent programme were 'bracketed off'. She observed that practitioners "pragmatically accomplish risk work by minimising critical reflection and subsequent rationalisation/resistance" (Chivers, 2018, p.99). Chivers also discusses how this minimisation of tensions can also be imposed on risk workers by giving them little time for critical reflection or through standardised risk assessments which deskill risk workers and decrease critical questioning; conditions like those outlined by Lipsky, but which have been shown to generate tensions of their own. However, while risk work has established this phenomenon of veiling or bracketing, much more research is needed to uncover the process by which this happens and which elaborates on these strategies workers use to manage their responses to risk work in contexts of uncertainty (Crath, Dixon and Warner, 2023).

2.4.3   The consequences of 'contingent coping'

As was earlier stated, exposure to some kinds of tension – particularly those that breach a practitioner's values – has been linked to the clinical condition of 'moral injury', evoking feelings of emotional distress including anxiety, shame and guilt (Bennett and Eagan Chamberlin, 2013). The notion that tensions evoke anxiety may explain why workers have been shown to 'veil' themselves from tensions in day-to-day practice. Research within children's safeguarding contexts supports this, with Gibson's (2019) ethnographic study on two child protection teams finding that social workers are fearful of exposure to emotions of shame, guilt and humiliation. He found that stress was caused by "the self-conscious emotions they were experiencing or anticipating" (Gibson, 2019, p. 125). He also found that social workers tried hard to reframe their thinking on a particular issue to change how they felt about it.

Meanwhile, in the study by Weinberg (2018), we see evidence that awareness of tensions in practice contributes to 'burnout'. Her study explores how social workers navigated tensions between their work requirements and professional, ethical values. She concluded that ethical trespass is unavoidable as "practitioners can only choose among an array of less than perfect options, knowing that they cannot get it 'right', only better or worse" (Weinberg, 2018, p. 15). However, she found evidence of 'responsible traitors', whereby workers shared their inside knowledge or broke the rules – strategies we can conceptualise as coping strategies. Those most likely to use such strategies to reduce ethical trespass were those exercising the highest levels of reflexivity and were most aware of the contradictions between their work requirements and ethical values. Yet these workers were also most likely to 'burn out', leaving the field entirely, supporting the view that practitioners experience a high level of exposure to tensions as stress and chronic exposure contributes to workers leaving the field.

We see a similar theme in Lipsky's work; he states that in circumstances where routines of practice cannot be developed or mentalities of coping are ineffective, workers will cope by withdrawing from work, either physically through quitting or emotionally through versions of absenteeism. Moral injury scholarship has similarly established a link between experiences of moral distress and practitioners opting to leave their jobs or profession (Haight, Sugrue and Calhoun, 2017). Ferguson (2017) observed this notion of withdrawing, finding that social workers sometimes detach themselves emotionally from children and families, especially when confronted with high levels of distress that cannot be rationalised. Emotionally disconnecting and avoidance as a mechanism of managing adversity was also identified by Muirden and Appleton (2022) in their integrative review on the professional curiosity exercised by health and social care practitioners when working in child protection situations.

Meanwhile, Grootegoed and Smith's (2018) study into the emotional impact of austerity on child protection social workers in Scotland identified coping strategies along a continuum. On one end, some workers actively sought to establish emotional distance from clients to cope with the challenges of austerity, while at the other end, workers took an activist stance using their own and their client's emotions as a tool to fight against austerity. However, the study found the vast majority of social workers 'muddled through', whereby they neither managed to create emotional distance nor bend the rules, carrying out their work in situations of "continuous, unresolved emotional dissonance" (Grootegoed and Smith, 2018, p. 1940). Hargreaves and colleagues (2019) use the term contingent coping to describe how 'coping' with the consequences of austerity by adapting the Troubled Families programme to partially replace cut or lost services was likely to be contingent, since the underlying issues of poverty and inequality confronting families are not only unresolved but anticipated to get worse as neoliberal policies advance.

Therefore, the literature discussed here establishes several useful premises when it comes to understanding coping in children's safeguarding. Firstly, research within safeguarding contexts presents a picture of 'contingent coping' (Hargreaves et al., 2019), where workers 'muddle through' (Grootegoed & Smith, 2018, p. 1938) in situations where they "do what they can" and not what they want (Smith and Donovan, 2003, p. 558) and where "they can't get it right, only better or worse" (Weinberg, 2018, p.15). This notion of contingent coping is consistent with the idea of coping as a process comprising the combined efforts workers draw on to manage tensions. Secondly, the literature indicates that a key feature of this contingent coping is avoiding exposure to tensions that are otherwise experienced as distressing, evoking anxiety. This avoidance of exposure has been conceptualised as 'veiling' or 'bracketing off', but more research is needed on the process by which this is achieved. However, there are clear overlaps with emotionally-focused coping here with links to Lipsky's work on coping mentalities. Finally, over time it seems the veiling of tensions cannot be sustained, and, as findings from research into moral injury demonstrate, chronic exposure to tensions appears to be fuelling staff turnover, dissatisfaction, and demoralisation in the workforce. The broader socio-economic and political context may contribute to such experiences, as neoliberal and austerity policies erode pay, conditions and solidarity among public service delivery workers.

Research indicates increased levels of anxiety, stress and burnout among a range of practitioners, including teachers (Agyapong et al., 2022), health visitors (Health Visitors Institute, 2023) and social workers (Peinado and Anderson, 2020). There have also been high vacancy rates in children's social care (DfEb, 2022) as part of the 'great resignation', and so this link between coping and resignation should be of interest to policy stakeholders. While this thesis is not addressed directly to this audience, there is clear policy relevance for a greater understanding of the process of coping with tensions in working life, to which the findings of this thesis can contribute.

2.5   Chapter Conclusion and Research Questions

This chapter has presented an overview of relevant theory and research by exploring themes of tensions and coping and, where possible, applying these insights to the context of children's safeguarding. Though I have drawn from diverse academic fields, there is a shared view that contradictory and interrelated tensions are a key feature of working life in general, with specific tensions for practitioners involved in public service delivery involving risk. The theory and research I have drawn from in this chapter also establish that social actors will seek to reduce tensions and the experience of stress associated with them through mechanisms of 'coping'. I

have established that coping is a process, with coping often 'contingent', and tools that appear initially to manage tensions successfully may become less effective over time.

In particular, I have argued that the conceptual tools offered by Michael Lipsky in 'Street-Level Bureaucracy' and Patrick Brown and Nicola Gale in their tensions in risk work framework can combine to advance our understanding of tensions and coping in children's safeguarding. Both conceptual frameworks offer insight into the nature of tensions, theorising that these arise out of a combination of conditions of public service delivery work and the core features of working with risk. Lipsky's work on coping, which originates in the developments of dialectical theory and coping theory, offers a valuable contribution for advancing our understanding of how safeguarding practitioners may respond to these tensions. However, I have highlighted the limitations of contemporary research examining coping in public service delivery contexts which has tended to focus on the behavioural aspects of coping, neglecting the mentalities of coping, which not only support such behaviours but, in some circumstances, can be the primary form of coping taking place. Findings from risk work research support this need for research that considers both mentalities and behaviours of coping and the interplay between them, given that managing anxieties generated by risk tensions is a feature of risk work.

However, while I argue that these conceptual tools combine to advance our understanding of tensions and coping in children's safeguarding, there has been limited research exploring tensions or coping – or more broadly of street-level bureaucracy and risk work – within the context of children's safeguarding. Consequently, we have limited empirical evidence of what factors contribute to the manifestation of tensions within safeguarding contexts. Do these align with the tensions in risk work outlined by Brown and Gale, or the conflicting demands of the job as outlined by Lipsky, or are there other features not captured by these frameworks? Similarly, we have limited insights about how safeguarding practitioners – especially those outside social care contexts – experience and respond to tensions in the course of their work. Such research would not only advance our understanding of the process of coping in circumstances of street-level risk work but, in line with the principles of dialectical inquiry, advance our understanding of safeguarding as a social system.

The dialectical theory principle of 'totality', which necessitates a cross-agency focus, is something I have argued is not captured well in existing theory and research within children's safeguarding contexts. Furthermore, the street-level bureaucrat's framework provides limited insight into the multi-agency aspects of coping or how the conflict between agencies may contribute to contradictory demands on frontline workers. While the tensions in the risk work framework establishes social relations as a source of tension, most risk work research to date has examined

risk work practices within their organisational and disciplinary contexts, meaning the multi-agency dimension has received limited analytic attention. Therefore, this research builds on these two conceptual frameworks by using a multi-agency focus, exploring responses to the tensions experienced by 'risk workers' who are at the 'street level' in children's safeguarding practices.

The research questions are, therefore, as follows:

1. What contributing factors generate tensions for those working at the delivery level of multi-agency safeguarding processes?
2. How do safeguarding practitioners manage the tensions they experience in relation to multi-agency safeguarding processes?
3. How do practitioner experiences of tensions in safeguarding, and their responses to these tensions, change?

Chapter 3 Methodology

The previous two chapters have introduced the context of children's safeguarding and the theoretical framework informing the research questions. The purpose of this chapter is to outline the key methodological considerations which informed the design and implementation of this study. As I summarised in the introduction of this thesis, the research has gone through various iterations, with substantial and rapid changes necessitated by the COVID-19 restrictions imposed in March 2020, when I started the fieldwork for this study. Such adaptation did not only extend to the methods used but also other features of the research design, given that changing a qualitative methodology to take place remotely inevitably impacts other features of the research design too, with implications for accessibility, data analysis and ethics (Salmons, 2015). There is not space to outline all the complexities associated with the redesign of this research in light of the COVID-19 pandemic, or, indeed, to present the original plan for the research, which was at an advanced stage with participant recruitment underway. Instead, in this chapter I focus on presenting the methodological justifications for the research that was carried out. However, the pandemic placed significant limitations on what was possible.

The structure of the chapter is in two main parts. In the first section, I focus on the research design, beginning with an overview of longitudinal qualitative research, before providing an outline of the specific methods involved during each stage, which involved a combination of video interviews and audio diaries. I justify their inclusion, highlighting the strengths of each method, and I explain their purpose in relation to the different components of the research questions. To conclude this section, I provide an overview of the core ethical implications of the research design.

In the second section, I turn to the process of data generation and analysis, focusing here on how the research unfolded. I attend to the key methodological decisions I made throughout. In this section, I present a breakdown of participant profiles for each stage and method used, also describing key features of the data gathered, such as the number of interviews conducted and frequency of audio recordings. I finish this section by explaining the process of data analysis. To conclude the chapter, I provide a brief reflection on the strengths and limitations of the research, which I build on in the concluding chapter of this thesis.

3.1 Research Design

The previous chapter established that contradictory and interdependent tensions manifest for those involved in public service work as well as those working with risk and that in response to

such tensions practitioners develop mechanisms of coping, with coping understood as an ongoing process that shifts according to changes in the social context over time. The purpose of this study is to understand how such tensions manifest for practitioners involved with children's safeguarding – who can be conceptualised as both risk workers and public service delivery workers – and advance our understanding of the process by which they manage to practically accomplish their tasks when confronted by such conflict.

The central questions guiding this research are:

1.   What contributing factors generate tensions for those working at the delivery level of multi-agency safeguarding processes?
2.   How do safeguarding practitioners manage the tensions they experience in relation to multi-agency safeguarding processes?
3.   How do practitioner experiences of tensions in safeguarding, and their responses to these tensions, change?

As established in the previous chapter, three assumptions of dialectical analysis underpin these questions and the research approach for this study. All three establish that dialectical analysis can not only advance our understanding of the everyday experiences of safeguarding practitioners, but also reveal important features and workings of children's safeguarding as a social system. First is the assumption that analysing sources of contradiction and conflict can reveal features of safeguarding practice. Second is that the mechanisms used by practitioners to respond to tensions contribute to the production of safeguarding practice, and we can therefore learn how practice is shaped by examining the day-to-day actions and activities of those operating in this area. Finally, to achieve these two principles, a multi-agency focus is necessary.

The research questions, underpinned by this dialectical approach, necessitate a qualitative and longitudinal design. I will therefore begin by examining the methodological considerations that informed the longitudinal design of the research.

3.1.1   Longitudinal qualitative research

Given the conceptualisation of coping as an ongoing process rather than a one-off occurrence, it was important to incorporate methods that would capture change and enable a processual focus within the analysis. Longitudinal methods were well suited to this, given that they bring analytic attention to temporality, enabling the examination of the process of change (Calman et al. 2013) as well as the perspectives of those experiencing it (Vogl et al. 2018). Longitudinal approaches have also been identified as particularly useful for understanding the impact that historical events

– which the COVID-19 pandemic unquestionably is – can have on social forms (Holland, Thomson and Henderson, 2006). Therefore, a strength of applying a longitudinal design is that the changes to practitioners' working conditions, as well as their responses to these conditions, are captured along with the potential interplay between them.

Most longitudinal qualitative research takes place in at least two waves, with sufficient time between these waves to allow change to occur (Vogl et al. 2018). There is no definitive amount of time that needs to have passed between data collection waves for a study to be considered longitudinal, as the speed of change depends on the research context (Holland et al., 2006). Change occurred very rapidly at the onset of the pandemic. Consequently, in this study, less time was needed to capture change. For example, a head teacher I spoke to in early May expressed considerable uncertainty about when their school would open to non-key workers' children. Yet the following day, the UK government announced schools in England would re-open for multiple-year groups from 1st of June. Therefore, a long lapse between waves was not necessary for this study.

A more difficult decision was when to conclude the research, given there was no endpoint for the effects of the pandemic on children's safeguarding arrangements. However, as a sole researcher with a funding deadline, there are clear limitations regarding the amount of data that could be collected and analysed in the time frame available. Time and resource limitations, therefore, influenced the length and breadth of the study. However, even if more resources were available, in longitudinal research, "analysis and data collection are never finished; interpretation is always provisional" (Thomson and Holland, 2010, p.237). It is understood that experience is temporary and social formations partial, so changes to the social phenomena under study will continue past the point of research conclusion. This applies especially for this study, where participants continued in their roles and therefore continued to respond to existing and new tensions through evolving coping processes. However, I am confident that the chosen time frame for the research, spanning September 2019 – January 2021, captures a rich range of tensions and coping responses, especially given the rapid developments which took place during it. These range from the first lockdown, partial and full reopening of services to the "second wave" and new lockdowns, enabling me to meet the aims of this research.

Therefore, for this study, data collection took place in two stages, with the second stage involving three 'waves' of collection, as depicted in Figure 5 below. In the following sub-section, I will outline the specific methods used for the two stages of the study, also giving an overview of participant eligibility requirements.

Figure 5

The two-stage, longitudinal research design

Stage one	Stage two
Stage one with senior managers *August-October 2019*	**Stage two** with delivery-level practitioners *May 2020 -January 2021*
Scoping interviews	Wave 1: initial video interviews May-July
	Wave 2: repeat question audio diaries June-October
	Wave 3: repeat video interviews November-January
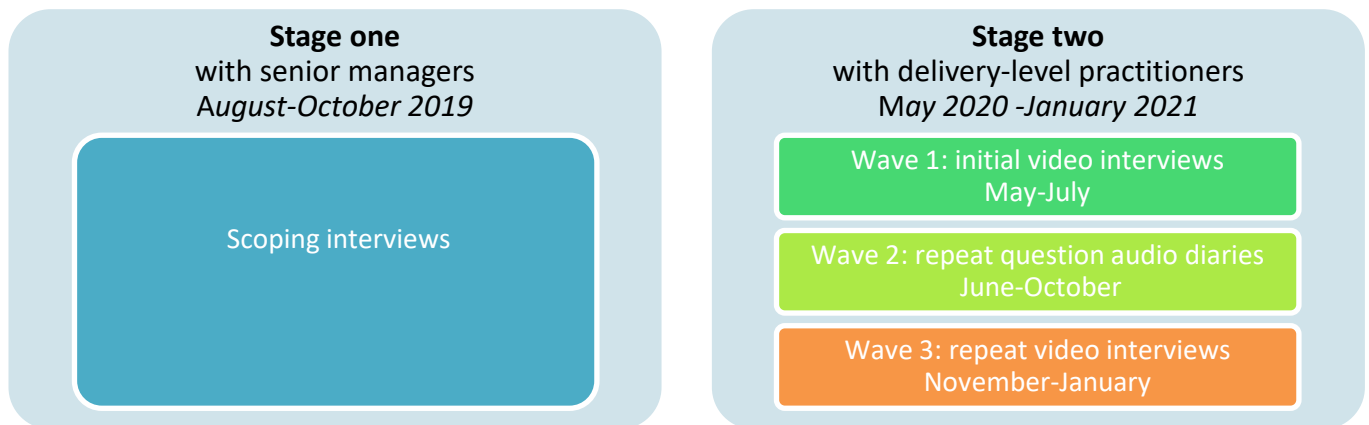
3.1.2   The first stage design: Scoping interviews

The first stage of the study was conducted between August and November 2019 and took the form of a small-scale scoping study. I interviewed seven senior managers responsible for safeguarding. The interviews primarily took place in person, were semi-structured and designed to gather manager perspectives on delivery-level issues, while also capturing senior manager views on pressures within safeguarding practice. The purpose at that time was to use this data to generate feedback on the research themes, provide a comparison point between delivery and manager views, and explore the feasibility of conducting further research with each agency. A draft of the interview schedule is in Appendix C on page 181. The findings of this scoping study informed the framing and design of the second stage of the research, originally scheduled to take place from February to August 2020, which was to involve participant observation.

Retrospectively, the first stage provides a useful insight into the tensions within children's safeguarding before the COVID-19 outbreak. Therefore, I have chosen to incorporate these scoping interviews into the research design, comprising the first of two stages. However, I recognise that these interviews were never intended to be the first part of a longitudinal project and were limited in scope. Additionally, that the two stages are not directly comparable, given the scoping interviews took place with senior managers and the second stage with delivery-level workers. This poses limitations regarding the weight of the scoping study within the research. It also poses methodological challenges in terms of direct comparison between stages one and two. Nevertheless, the existence of this limited data is a useful reference point, which helpfully establishes the agency-specific tensions present before the pandemic's effects were felt. The

findings are therefore strengthened by evidencing their applicability in two very different contexts.

In the second part of this methodology, I will briefly summarise the data collection process for the first stage, including the recruitment of participants. However, given that the second stage has greater weighting in terms of its scale and contribution toward the thesis, I dedicate most of the methodology to discussing the design and data collection of the second stage.

3.1.3 Stage two methods: Repeat interviews and audio diaries

The second stage of the research was conducted between April 2020 and January 2021 and included methods of interviews and participant-elicited audio diaries. The research was designed to take place in three waves, which I outline below and are also depicted in Figure 5 above. In total 23 delivery-level practitioners were recruited for the study, with all participants taking part in at least one interview.

The participants for stage two were all delivery-level practitioners from different agencies involved with children's safeguarding, including representatives from health, education, children's social care and the voluntary sector. Participants were eligible to take part if they met one of the following criteria:

1. Works directly with children or families and therefore has responsibilities for reporting safeguarding concerns.
2. Is invited to attend child protection conferences or Looked After Child meetings.
3. Works with adults whose children are subject to a Child in Need or Child Protection Plan.

To maximise the potential pool of participants who could take part I decided that practitioners could be from any Local Authority area within England. I chose not to include participants from Scotland and Wales because of the differences in the safeguarding process in the devolved nations as well as their partial autonomy over the implementation of COVID-19 restrictions; unfortunately, a cross-nation comparison was not feasible within the scope of this study.

Participants were given the choice of which component parts of the study to take part in and were able to withdraw from the study at any stage during the data collection process. This was an important ethical consideration given the generalised uncertainty generated by the pandemic, and I felt it was essential that engagement with the research was as flexible as possible for participants.

3.1.3.1   Wave one: Remote interviews (May–August 2020)

Initial interviews took place between May and August 2020. These were semi-structured around three main themes: the general impacts of the pandemic on their work, the effects of the pandemic on multi-agency working and safeguarding concerns arising from the pandemic. A draft interview schedule is available in Appendix F.

The interviews were primarily online video interviews with one participant opting for a phone interview. Video interviewing offers better "synchronicity", in that it enables "focused, real-time dialogue "(Salmons, 2012, p.23). In a voice-only call, participants can also be checking emails, making food, and engaging in many other activities, meaning the level of concentration and overall intimacy of the research encounter may be weaker. Weller (2017) also found fewer verbal interruptions take place when using web camera because both participant and researcher can draw on non-verbal cues to assist the interaction. Therefore, I determined video interviews would assist in establishing rapport and facilitating a quality research encounter.

However, the choice of remote technology can also pose a barrier to participation as specific populations have less access to or are less confident with specific technologies. As the pandemic rapidly accelerated the use of video meetings, this option was accessible to most participants. However, just because the technology was accessible, I recognised not all participants would want a further online video meeting, given the number of online meetings some practitioners encountered during this time. Salmons (2015) suggests it is useful to consider the overall purpose for the specific online technology being used. Within my study, technology was used to facilitate the connection of the researcher and participant. So, while video interviewing was preferred for reasons of synchronicity and favourable rapport building, the accessibility – including ease – of the technology was the most critical factor.

Therefore, I decided to offer participants the additional option of phone interviewing. Consistent with the focus on technology as a medium of connection, I opted to only audio record interviews and not video. This enabled consistent data analysis regardless of whether the interviews were conducted via video or phone. I will discuss how these interviews went in the second part of this chapter. However, only one participant took part in a phone interview and the rest were via Microsoft Teams.

3.1.3.2   Second wave: Repeat question audio diaries (June–October 2020)

Participants were asked to record audio diaries on a fortnightly basis starting from the two weeks after their initial interview and concluding in mid-October 2020. The justification for the two-week window was that this was a reasonable balance between ensuring recordings were frequent

enough to enable the discussion of changing events as they were happening, without being too burdensome on those taking part. The aim of the audio diaries was to capture insights about how participants from different agencies experienced and navigated the re-opening of services following the first UK lockdown. I hoped that these entries would offer insight into how participant interactions within safeguarding processes played out during COVID-19, including the tensions and stressors which materialise at different points. Crozier and Cassell (2016) identified this insight into real time conflicts as a strength of the method, reporting that the audio diary entries made in their study "played out an active illustration of the interaction between a number of different stressors at different time points" (p.408).

Audio diaries involve participants verbally recording responses and reflections to events or experiences over time (Monrouxe, 2009). Like other diary methods, they allow for capturing experiences of change as they occur in 'real time'. However, unlike a written diary, the fluidity of speech in an audio diary enables an immediacy of response, giving access to participants' sense-making during periods of change, increasing the accuracy of data capture as events unfold (Fitt, 2018). The method is also considered less intrusive and inconveniencing, as participants have greater control than in other qualitative methods such as interview and observation (Markam and Couldry, 2007).

I used the repeat question method, which requires participants to answer the same question each time they make a recording, generating as many responses as they can. The question I used was "How has COVID-19 impacted my work this week?". While this did not directly address safeguarding aspects in the question, I prompted participants to consider safeguarding effects in accompanying guidance. One of the reported strengths of the repeat question method is that participants may take on the role of observers in the research, with indicators they may become more reflective on daily routines and practices (Fitt, 2018). This reported insight from participants benefits my research, as without being able to carry out observations myself, I was reliant on participants' insights into their working arrangements. The audio diary guidance document issued to participants recording entries is included in Appendix G.

3.1.3.3   Third wave: Repeat remote interview (November 2020–January 2021)

To conclude the data collection, I arranged further interviews in winter 2020, the majority of which were repeat interviews, along with two participants recruited later in the study period. These all took place via online video call. The purpose of the second wave interviews was to explore changes that had taken place since the first wave interviews, as well as facilitate a reflection on the experience of working during COVID-19. The repeat interviews also provided an opportunity to probe the contents of audio diary entries for clarity. I chose to combine repeat

interviews with audio diaries as other researchers have found that in isolation, entries recorded by participants can lack focus on the research questions, because the researcher is not able to probe or steer (Williamson et al., 2015). By combining diaries and interviews, I also had the opportunity to explore some of my preliminary findings with participants, including insights from their earlier participation.

Additionally, for the second wave interviews I used an adaptation of the vignette tool I had developed for the original, pre-COVID second stage design. The vignette method has been identified as particularly useful for the examination of decision-making processes and exploring sensitive topics (Wilks, 2004; Edwards and Holland, 2013) because data can be obtained in an indirect and non-confrontational manner (Jenkins et al., 2010). The method offers insight into participant experiences and interpretive frameworks, and I hoped the vignette tool would therefore enable the exploration of coping strategies as well as further reveal points of tension within the child protection process. For this study, the hypothetical scenario focused on the evolution of a child protection case, separated into separate stages, tweaked slightly depending on the agency for which the participant worked. After each stage, participants answered questions relating to the scenario, such as what they would do next, what their concerns were and how they anticipated other agencies would respond to the case. A template of the vignette and questions asked can be found in Appendix F.3.

3.1.4 Analysis

Consistent with a multi-stage and longitudinal design, the data collected requires a combination of both cross-sectional and longitudinal analysis methods (Thomson and Holland, 2003). Consequently, a hybrid analysis approach was required to attend to different features of the data. The analysis approach I took used reflective thematic analysis (Braun and Clarke, 2020) and dialectical analysis as outlined by Benson (1977) with Nick Emmel's (2013) realist approach to cases also used in the case study chapter. The limitations of flawed hybrids are reported (Braun and Clarke, 2020) and a particular challenge is to effectively integrate the cross-sectional and longitudinal analysis strategies (Calman et al, 2013). During the process of analysis, I encountered this challenge and trialled multiple longitudinal analysis strategies, informed by various approaches, including narrative analysis, before settling on the approach I used. I discuss this process further in the final section of this methodology.

3.1.5   Ethical considerations

I received ethical approval for the research and the four amendments I made during the process via my faculty ethics committee (known locally as ERGO, ID 52014). Key ethical factors relevant to the design of the research were:

- Informed consent: A pillar of ethical research is the informed consent of those involved. I established a strategy of ongoing consent, meaning I checked in throughout the research that participants were happy to continue and had clarity about what the study involved. The participant information sheet sent out as part of the recruitment process covered aspects such as what the research is about, the purposes for which the data generated would be used, how their data will be stored securely, what participation involved for them and the anticipated outputs of the study. A copy of the information sheets for stage one and stage two are in Appendix A and Appendix D, respectively. Participants were asked to provide written consent, documented through the signing of a participant consent form, templates of these are found in Appendix B and Appendix E. In addition, I sought verbal consent at the start of each interview.

- Emotional Harm: Given the literature I covered in chapter two indicates high levels of stress experienced by delivery-level workers, there was a risk that discussing the tensions and challenges of their work may trigger difficult, uncomfortable or distressing feelings for participants. During interviews, I was alert to this and planned to offer the option to move on to a different question or conclude the interview early if participants appeared to become distressed. With one exception, participants did not become noticeably distressed during the interviews or recording of audio diaries. However, as part of the process of closing each interview, I nevertheless signposted to additional support available if the interview evoked anything particularly distressing or challenging for them. I also included information about advice and assistance available to delivery-level workers as part of the audio diary guidance. On the one occasion a participant did become visibly emotional, I offered a choice to move on to a different topic, but she opted to continue. She felt it was important to explain how workers in healthcare were affected by experiencing a conflict between friends and family taking an increasingly lax attitude toward social distancing at the same time as the second wave of COVID-19 confronted health care settings.

- Reputational harm: There is a risk of reputational harm or damage not only for individual participants or their employing organisations but certain professions. Workers involved in child protection have been under an intensified level of public scrutiny in recent years, and perceived failings in their work could have a very negative

impact on them. As well as the importance of anonymity for individuals and organisations, I was therefore also aware of the potential reputational consequences of the research for the agencies, sectors and services I am studying. Sensitivity toward this without compromising the integrity and quality of the research has been a key ethical consideration throughout and is particularly important in how I have reported my findings.

- Managing relationships: In longitudinal research, managing relationships with participants can be an additional challenge, as the researcher becomes more intimately involved in the ongoing developments of a participant's life. In any research relationship, attention to managing participant expectations is needed to reduce conflicts of interest. The nature of each relationship is unique to each participant, ongoing and requires constant navigation. Strategies I deployed to assist in managing the research relationship included being honest about the nature, scope and time frame of the research and not making promises to participants concerning findings or how I will report them. However, as I will discuss in the section below on data collection, negotiating the boundary was not straightforward, especially for those sending audio recordings who frequently addressed their recording directly to me. It also felt uncomfortable for me not to match their level of openness in my responses.

- Quality: Ultimately, the overall ethical consideration was that the research produced was of good quality and conducted credibly in line with academic standards. I adhered to relevant institutional policy, legislation and legal frameworks, including the Research Data Management Policy, Data Protection Policy and Code of Conduct for Research, and I have also paid close attention to professional research guidance, including research guidelines from the Association for Directors of Children's Services.

Given ethical consideration is an active process with potential issues arising throughout the process of collecting, analysing and writing up the research, further ethical considerations are discussed as part of the data collection process.

3.2 Data Generation and Analysis

Having presented the research design in the first part of this chapter, I now turn to the process of data generation and analysis. Here, I focus on how I conducted the research, address issues that were encountered and attend to the key methodological decisions I made during the research process. I also present metadata around participant involvement with the study and its various stages and waves.

3.2.1   Recruitment of participants

For both stage one and stage two, I recruited participants from existing networks, primarily on a word-of-mouth basis. For the second stage, I also put out calls for participants via social media channels, including Facebook, Twitter and LinkedIn and sent targeted emails to existing contacts, including participants from stage one. I had prepared a purposeful sampling strategy, should there be more demand than places in the study, based on the demographic features of the participants' local authorities. However, this was ultimately not required, and the majority of those who expressed an interest in the study were eligible to take part.

To achieve a balance between the different sectors and role types, I closely monitored the roles of each participant recruited. For stage two, I sent out intermittent repeat calls for participation via social media and indicated if I was interested in speaking to people from specific sectors. For example, at one stage, health practitioners were underrepresented in the study in comparison with education workers. I flagged on social media calls that I was keen to invite health workers to the research, with some success, recruiting a Child and Adolescent Mental Health Services (CAMHS) worker, Speech and Language Therapist and Health Visitor to the study.

In line with my strategy of ongoing consent with participants, I regained consent for participation at multiple points in the process. Before arranging the initial interview, I asked participants to sign an electronic consent, which documented that they understood the commitments of the research and agreed to take part. I used this email exchange as an opportunity to establish rapport ahead of or in the opening stages of the initial interview, a technique recommended to build the relationship with participants (Lo Lacono, Symonds and Brown, 2016). For example, I made a point of referring back to personal circumstances or details participants mentioned in these email exchanges. Achieving a positive rapport is widely acknowledged as an indicator of quality research (Weller, 2017).

Having received written consent, I arranged a convenient time and date for the initial interview to take place, which was flexible to the needs of the participant. At the start of the interviews, I verbally confirmed consent for the interview and recording to take place. I considered it essential to remind participants that I would be recording audio because there is a danger in remote research that participants forget it is a research encounter, given that research instruments and recording devices are not visible (Weller, 2017).

For stage one, seven senior managers were interviewed. Stage one participants worked for various health, education, social care and voluntary sector organisations and Table 1 below details

the individual participant profiles of those who took part, including job role and sector. Each participant has been allocated a pseudonym.

Table 1   Stage one participants

Allocated pseudonym	Job Role or agency type	Agency/ Service type
Heather	Former Director of Children's Services	Local Authority – Children's Services
Lily	Service Manager and Safeguarding Lead	Voluntary and Community – Regional youth organisation
Alex	Service Manager	Local Authority – Children's Services
Dave	Clinical Commissioning Safeguarding Lead	Health
Kathy	Designated Nurse	Health
Sue	Primary Head Teacher	Local authority – Education
Sarah	Service Manager	Voluntary and Community – National children's charity

For stage two, 23 participants took part, and all were all practitioners directly involved in work with children. As with stage one, these participants also came from a range of education, health, social care and voluntary sector organisations, and all were based within England. When grouped by sector, education was the sector most represented, with 8 participants working within education settings, including state primary schools, state secondary schools and an independent prep school. Health was second highest with six participants, followed by social care (4), early years (3) and non-profit (2). A breakdown of participant pseudonyms, their job roles, and their nature of involvement in the study is offered provided in Table 2.

Table 2   Stage two participants

Participant no.	Chosen or Allocated Pseudonym	Job title	Agency or service area	Nature of involvement
S2P1	Jack	Learning Support Assistant for visual impairment	Local authority – Primary Education	Initial interview and audio diaries
S2P2	Marie	Lead support and safeguarding worker	Respite centre	Wave 1 interview

S2P3	Carole	Childminder and nursery adviser	Early years provision	Wave 1 interview
S2P 4	Susan	Headteacher	Education – local authority primary school	Wave 1 interview
S2P 5	Mabel	Family Inclusion Officer	Education – local authority primary school	Wave 1 interview
S2P 6	Leon	Social Worker	Local Authority – Child Protection Team	Wave 1 and 2 interview
S2P 7	Frank	Social Worker	Local Authority– Looked After Child Team	Initial interview
S2P 8	Ned	Social Worker	Local Authority–Child Protection Team	Wave 1 and 2 interview
S2P 9	Veronica	Advocate and Independent Visitor coordinator	Voluntary and community sector organisation	Wave 1 and 2 interview
S2P 10	Poppy	Health Visitor	Health	Wave 1 and 2 interview
S2P 11	James	Teacher and department head	Education (academy trust)	Wave 1 and 2 interview plus audio diaries
S2P 12	Kim	Teacher	Education (academy trust)	Wave 1 interview plus audio diaries
S2P 13	Linda	Family inclusion and safeguarding lead	Primary school	Wave 1 and 2 interview plus audio diaries
S2P 14	Coco	Teacher	Secondary school	Wave 1 interview
S2P 15	Jessica	Safeguarding Lead	Nursery (free school)	Wave 1 interview
S2P 16	Hannah	Health Visitor	Health	Wave 1 and 2 interview plus audio diaries
S2P 17	Persephone	Counsellor	Private and school-based	Wave 1 and 2 interview plus audio diaries
S2P 18	Rosie	Acute Speech and Language Therapist	Health	Wave 1 and 2 interview plus audio diaries
S2P 19	Daisy	Child and Adolescent Mental Health practitioner	Health	Wave 1 and 2 interview
S2P 20	Bryony	Social Worker	Local authority – Child Protection Team	Wave 1 Interview

S2P 21	Shirley	Learning Support Assistant and safeguarding lead	Private primary school	Wave 1 and 2 interview plus audio diaries
S2P 22	Rosanna	Occupational therapist, sensory integration	Non-profit organisation	Wave 2 interview plus audio diaries
S2P23	Carly	Nursery Manager	Voluntary and community sector Organisation	Wave 2 interview
S2P24	Naomi	Independent Domestic Violence Advocate	Local authority	Wave 1 and 2 interview
22P25	Christine	Youth offending team	Local authority	Wave 1 and 2 interview

The positive engagement from education was unexpected as I have fewer contacts from this sector and have not worked within it previously. On the flip side, fewer participants took part from social care than I anticipated, especially with the longitudinal elements. One implication of this is a greater focus within the data on the universal features of the safeguarding processes, such as the identification and reporting of risk, rather than in involvement in formal child safeguarding processes. I discuss the impact this had on analysis later in the chapter.

While 23 participants took part in the second stage of the study, in the table above I list 25 participants. This is because two participants had unique job-sharing roles, making them vulnerable to identification. I have separated their job roles to result in a more generic and less identifiable job title. Both participants took part in a wave one and two interview.

3.2.2 Participant involvement in the study

There was a good degree of engagement with all three methods comprising the second stage design. All 23 participants involved in stage two took part in an initial interview, with 21 of these taking place during wave one. I conducted a further 15 interviews as part of the third wave, with two of these initial and the rest repeat interviews. Additionally, nine participants sent in audio diary recordings as part of the second wave. A pie chart showing participation by method type is depicted in Figure 6 below.

Though there was some attrition, more participants carried on with the research than left the study after the initial interview. However, participation in the audio diaries was limited and social care was not represented at all in this data collection method. More participants indicated they would be willing to record entries than actually did so, and a couple of participants only made one

or two recordings. I discuss some reasons for this later and conclude that, on reflection, I could have done more to follow up with those who did not send in recordings.

Figure 6

Pie chart of participation by method type
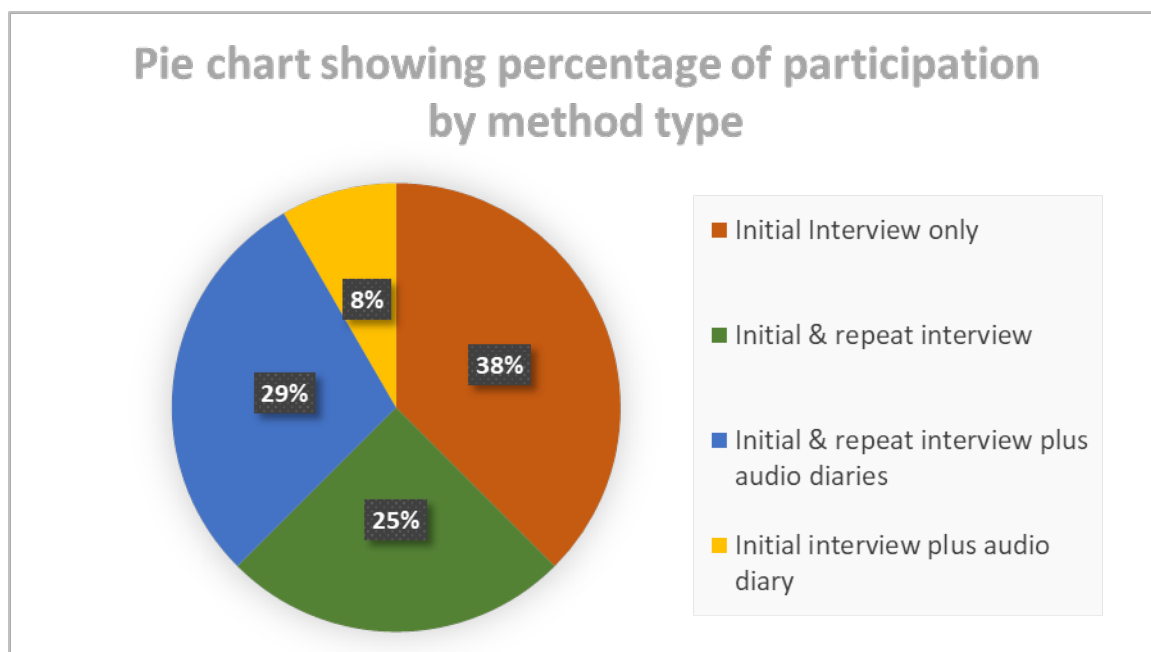
Figure 7 shows the number of data entries collected each month, to give an indicator of the collection of data over time, and the three waves of the study are highlighted. Some overlap is evident between waves one and two because initial interviews were conducted simultaneously with audio diaries being received. Additionally, one repeat interview took place in August as the participant left the study at this stage.

Figure 7 also shows the least entries were received in April, August and November, with visible dips during these months. The lower number of entries in April is due to the first interview not taking place until the end of the month. Meanwhile, the dip in data during August reflects education practitioners not submitting recordings during the school holidays. Finally, the fewer data entries during November are due to the gaps between participants sending their final audio diaries and taking part in the third-wave interviews. I had initially scheduled for diary entries to finish at the end of October, with all repeat interviews in November and early December. However, due to COVID disruptions, half the repeat interviews did not take place until January. Consequently, the four-week national lockdown introduced in November 2020 is not adequately captured in the study, though participants did have opportunities to reflect on this period during their concluding interviews. This dip in data entries is a limitation of the study design. An

improvement would be to request participants continue to record diaries up to the date of their final interviews.

Figure 7

Time series graph showing data collected by wave and month.
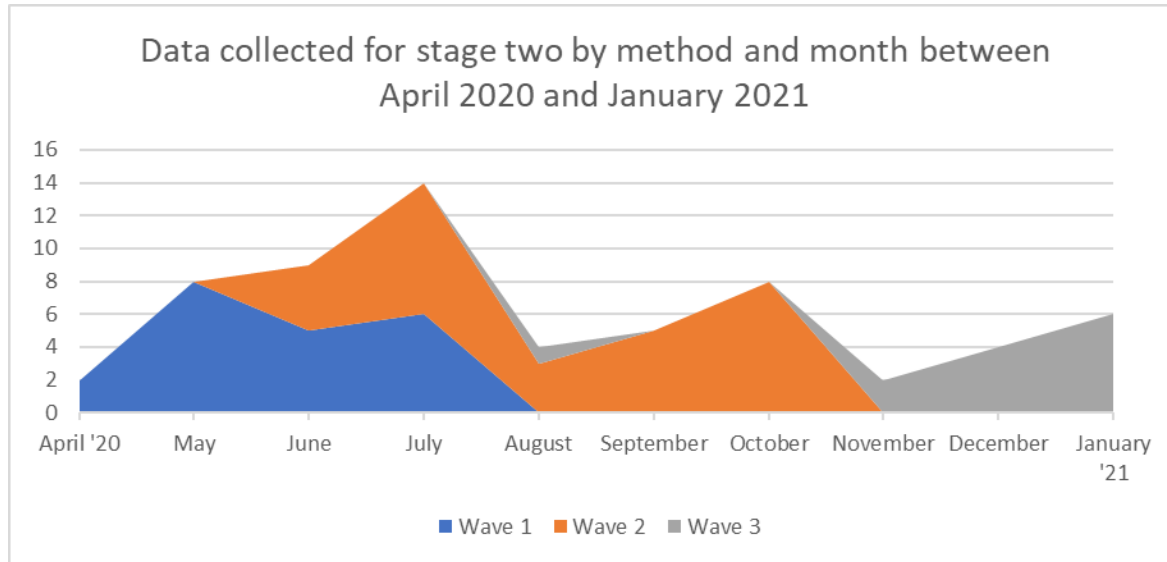
However, the spill-over into January was, in the end, very informative as I captured in these final interviews the introduction of new national restrictions, which included school closures brought in at the start of January 2021. This new lockdown and school closures were not foreseen by participants in the December interviews, who largely anticipated a continuation of the same arrangements in place from September.

3.2.3   Conducting initial video interviews

I opted to use Microsoft Teams to conduct the interviews due to the higher level of security than other platforms, ease for participants (who need not download the application) and cost, given the platform is freely available in my institution. I initiated the interviews with an icebreaker activity I designed, which involved posting a series of incomplete statements into the chat, which participants verbally responded to. I refer to this as the "unfinished sentences activity". The activity allowed me to tailor the probing questions to the participants' specific circumstances. For example, in response to the statement "I am taking part in this research because…" one participant answered that they had transitioned job roles during COVID and thought their experience from multiple perspectives would be helpful. Had she not offered this information, I would not have realised this until later in the interview, and I would have had less time to adapt my interview schedule according to the two roles.

As part of the unfinished sentences activity, I gave participants the option of selecting their pseudonyms. I decided that I wanted to give 'real' names to participants rather than using a standardised system such as "participant one". A personal name signals a sense of familiarity and closeness, which is a more accurate reflection of the research relationship than more neutral pseudonym conventions (Edwards, 2019). However, I am aware that names can have power, and the process of name allocation has meaning, with names chosen inferring all sorts of cultural and symbolic details (Allen and Wilde, 2016). I wanted participants to feel some ownership of the name they were allocated, so giving participants the choice seemed the best option. Around half the participants chose a name, and the others asked me to do a random one from a name generator. I explained to participants I would not necessarily use their chosen name within data outputs, as I may need to further obscure how the findings are presented to protect anonymity (as discussed in Saunders, Kitzinger and Kitzinger, 2015).

Taking a chronological approach, I then asked participants about their work practices before and during the early stages of the UK pandemic response, with an emphasis on the safeguarding impacts of the pandemic. I also asked participants to consider longer-term impacts for their organisation along with their hopes for the future post-lockdown. The interview schedule has been included in Appendix F. I listened for indicators of tensions in participant accounts and asked probing questions where necessary to encourage participants to verbalise such tensions as best they could. Often, this was the first time participants had reflected on their experiences and consequently, unresolved tensions were identifiable in accounts due, in part, to the rawness of experience. Therefore, though not directly asking about tensions or coping, these accounts of challenges and stresses offered important insights to the features contributing to tensions, as well as insights into the strategies used by participants to resolve them, enabling me to explore the research questions of the study successfully.

I conducted all the interviews from my home office, with privacy notice on the door to avoid disturbance and potential breach of confidentiality. The majority of participants joined the interview from home, but several school-based participants recorded from their work offices. The timings of the interviews varied as I arranged the meetings according to the availability of participants. The earliest interview took place at 10 am and the latest 8 pm. As in a face-to-face interview, I decided to take 'field notes' after each meeting to capture the interview's contextual features. Details noted included the location for me and the participant, the ease of interaction, any technical disruptions, demographic details and other details to facilitate reflectivity and analysis (Phillippi and Lauderdale, 2018).

I anticipated potential technical issues and understood from the literature the impact such challenges can have on synchronicity and the overall quality of research interaction. Technical issues impacting online research can include connection problems, lagging video, audio disruption and lack of familiarity with online communication leading to problems during the encounter (Janghorban, Roudsari and Taghipour, 2014). In advance of initiating interviews, I decided that if technical difficulties arose, I would give the participant the option to revert to a phone call or reschedule. Largely the interviews were not affected by such technical challenges, although during one interview, we both turned our cameras off for a period to help with a small lag. Overall, the technical side of the interviews was relatively smooth. This ease was likely because most participants were using Teams in their work and were becoming familiar with remote meeting protocols.

Something I had not foreseen was the need to probe participants over their choice to have their cameras off and the potential awkwardness this generated. Several participants did not have their cameras on, and I had to determine whether this was a choice or a mistake, making clear participants did not need to have the camera on but also checking that if they wanted to turn it on, they knew how. The first time this happened, I did not say anything until later in the interview, but this only acted as a distraction for me as I considered what to do. In subsequent interviews, I casually mentioned that their camera was off and checked this was their intention.

I concluded the interviews by offering participants the chance to add anything they thought we had not covered. Some participants had prepared a list of things they wanted to mention and used this opportunity to cover things from their list. For those taking part in audio diaries, I used the end of the interview as an opportunity to explain the next steps and answer any questions. This transition from the interview to talking about the next steps created a more natural ending, and we generally returned to some small talk before ending the meeting. In longitudinal research, endings are important because they are the way of maintaining rapport for the next wave, keeping participants on board with the research (Weller, 2017). Despite attempts to foster a more natural ending, it was still noticeably more abrupt ending than in a face-to-face interview, with either researcher or participant having to hang up on the other.

At the same time as I carried out the initial interviews, I started to transcribe the data to a Word document. By transcribing as I went, I was able to reflect on my skills as an interviewer, recognising where I could have posed a question differently. I also noted points I would have liked to probe further, including aspects I only noticed when listening again. I was able to use this to refine the interview schedule for subsequent interviews.

3.2.4   Audio diaries

As already stated, participants who opted in to record diary entries were sent an electronic guidance document after their initial interview, taking the form of frequently asked questions. This document is included as Appendix G. They were guided to record fortnightly entries between five and 15 minutes long, from two weeks after their initial interview until mid-October 2020. I sent reminder messages to participants every fortnight, giving a prompt to record, but the frequency of recordings was ultimately at the discretion of participants. Overall, 28 audio diaries were received, and these were recorded by nine participants, with an average of three entries each. The highest number of entries received by a participant was seven, and the lowest one.

Echoing findings from Crozier and Cassell (2016) and Monrouxe (2009), several participants recorded entries in separate short recordings. For example, one participant described feeling awkward when leaving long pauses, so submitted the recording while they thought of another response to the question, which they recorded a few minutes later. I have therefore taken the definition of audio diary entries as used by Monrouxe, who defines an entry as "a recording or group of recordings by any one individual participant in a single day" (2009, p. 85).

On receiving a voice recording, I acknowledged receipt via a WhatsApp message to the participant. I then listened to the recording within 24 hours, completing an 'audio diary log' capturing the main content of the recording, my initial reactions, and thoughts as well as critical details like date, time, length and location of the recording. It was essential to capture my own 'raw' reactions during the research process, such as the questions I had at each stage, to help facilitate the design of the third stage interviews. The audio log sheets were also a useful analytic tool for capturing the development of my understanding, facilitating critical self-reflection throughout this stage of data collection.

As I previously mentioned, fewer participants took part in the audio diaries than indicated they would do so at the end of the initial interview. Though I cannot be certain why this was the case, those who then went on to take part in the third wave (follow-up interviews) reported they had intended to but never got round to it or felt awkward about sending a recording where a large gap had occurred between our interview and their diary entry. On reflection, asking participants to record their first diary in the days immediately following our interview may have facilitated the establishment of a pattern of recording while the interview and research context was fresh in their minds. I was also perhaps too cautious about not wanting to hassle participants and could have followed up with these participants more frequently to reassure them that sending diaries later than I had indicated was not a problem.

Participants generally directed recordings specifically to me, something also noted by Monrouxe (2009). For example, several participants start every entry with a variation of "since I last spoke to you…" or with conversational politeness, including "hope everything is going well for you". Participants often finish recordings expressing hope that I am okay, also saying things such as "email me if you need me to re-record this", "good luck with your research" and "sorry if this hasn't been very helpful". While it was beneficial that participants had built sufficient rapport with me as the researcher to feel comfortable and open to share their experiences, such closeness brought challenges, not least for the management of research relationships. It was especially challenging not to elaborate on the details in participants' entries when I sent the acknowledgement of receipt.

The relative intimacy of recordings also has implications for analysis. I had intended to take up the issue of my positionality in the research regardless, but this further necessitated critical reflection on how I am 'in' the data even if I was not actually 'there' for the recordings. It was clear that the diary entries built on the dialogue of initial interviews, with our exchange at that stage shaping the framing of recordings subsequently. A benefit of this was that recordings remained focused on the topic of safeguarding even though the question asked was very broad. However, it also meant participants may have targeted recordings to what they thought I was most interested in or even what I was looking for, and this filtering could have potentially meant omitting other important details of relevance and interest.

3.2.5   Conducting follow-up interviews

The follow-up interviews also took place remotely, with the same considerations in place as for the initial interviews discussed above. I sent an invite to everyone who had participated in the first wave of interviews, as each participant had opted into being voluntarily contacted again in the future as part of their written consent sheet. I also invited those who had expressed an interest in joining later in the study period.

Given fewer practitioners participated in the audio diaries than had indicated they would in their initial interview, I was unsure whether re-establishing contact would be effective, and I was also mindful not to put pressure on these practitioners to take part if they did not wish to. I was therefore pleased that many of the first-wave participants welcomed my invitation and opted to take part in the further interview, with six of the first-wave participants that had not sent audio diaries taking part in the follow-up interviews.

Included in the interview schedule for the follow-up interviews was the hypothetical vignette. I adapted the vignette according to the occupational role of the participant; for example, if the

participant was a health visitor, the central character in the study – Sarah – would also be a health visitor. I displayed the vignette via screen share of a PowerPoint presentation, and most of those who participated in the case study opted to read it individually before discussing the questions highlighted at the bottom of the screen. Overall, participants were very comfortable with the activity and the online format worked well. I noticed, however, that part of the ease of engaging with the case study was a familiarity with the case study technique, perhaps from professional safeguarding training. Consequently, the initial response was an 'institutional account' reflecting the sorts of considerations taught in safeguarding training. The questions were, therefore, useful for distinguishing between what participants thought should happen and what they thought actually would happen.

The tool was especially effective at capturing the thought and decision-making process of practitioners confronted with concerns about a child before formalised safeguarding procedures had been initiated. However, as the vignette was only suitable for those directly attending and participating in child protection conferences, only half of the 2nd wave participants completed the vignette. Given the relatively low participation in this aspect of the research, the data generated represents a small component of the overall data for the study and makes a minor contribution to the findings discussed in this thesis. In hindsight, I could have completed the initial part of the vignette with every participant, as each practitioner was involved with the identification of risks and reporting of concerns, even if they did not regularly attend child protection conferences. Doing so would have facilitated comparison between cases, for example, over thresholds for statutory safeguarding, which would have enhanced the findings of the research. There is, however, significant scope to develop and refine the tool for use in further research of decision-making in safeguarding cases, and I discuss opportunities for this in the conclusion of the thesis.

3.2.6 Analysis

The first stage of analysis was to conduct a cross-sectional thematic analysis to identify shared meaning and patterns across the whole data set, taking an inductive approach. I used Braun and Clarke's reflective thematic analysis approach as a guide (2020; 2021), which they break into six stages. I began the data familiarisation phase by manually transcribing each interview and audio diary received. The choice of what to include in the textual transcript is a discretionary choice of the transcriber, and it can have implications for how data is later analysed and interpreted. There are a variety of transcription approaches to draw from; the critical consideration is to apply an approach suited to the needs of the specific study, resulting in a transcript which enables research questions to be addressed (Davidson, 2009). For both the scoping and remote interviews, I opted

to produce a working transcript which was close to verbatim but did not include every single repeated word or filler word. I included these when I felt they demonstrated that a participant was grappling with an answer as opposed to merely a habitual filler phrase. I also indicated long pauses and used italics to note the emphasis used by participants.

To familiarise myself with the data and generate initial codes, I printed all transcripts, making notes and highlighting features that stood out as particularly significant. At this stage, I largely took an inductive approach, focusing on what was in the data itself, being open to unexpected directions, though I noted potential links to themes within literature too. I then moved over to using qualitative data analysis software (Nvivo), where I coded transcripts into nodes, firstly based on descriptive coding and secondly coding according to identified patterns.

As an example of this process in action, at the data familiarisation phase, I highlighted and wrote down an interest in the use of the phrase "got eyes on them" in reference to a participant having established a food bank at the school, which allowed her to also see the children she was concerned for. I highlighted similar phrases used by other participants, including "keeping tabs" and "keeping eyes", which were also used in reference to establishing visual contact with children and families during lockdown. I subsequently coded these extracts descriptively as "seeing children" in Nvivo, therefore bringing together all mention of seeing children in one place. During the second stage of coding, I added a sub node of "seeing children as important for safeguarding" which moved beyond description but reflected a pattern I had identified in the data.

The third stage involved constructing themes by bringing nodes into a discussion, promoting and demoting codes and seeking to go beyond a description of participant experiences to uncover patterns of shared meaning and, at times, disagreed meanings within accounts. Using the example discussed above, through this process, I realised that though there was a shared emphasis on the importance of seeing children, there were differences between participant accounts as to why this was the case. Further, I saw how this understanding about the importance of seeing children was linked to the tensions they were experiencing as the lockdown prevented visual contact in many ways, and was therefore linked to other codes I had generated about, for example, role conflict during the pandemic. At this stage, I brought in an element of deductive analysis, using concepts and terms from existing theories and research as a tool of analysis to make sense of the data. For example, I used Brown and Gale's (2018) tensions in risk work framework as a tool, recognising that these understandings on the importance of seeing children could be conceptually understood as a form of 'risk knowledge' as, to varying degrees, participants tacitly understood not seeing children as a risk factor.

I then attempted to define the parameters of the themes and the central organising concepts the theme speaks to (Braun and Clarke, 2020). At this point, I shifted to some longitudinal methods before returning to write up the findings as the sixth and final stage of the process. As the analysis process was iterative, I refined and revisited the codes, and, later, the themes that I identified throughout the process, including during the writing-up. For example, you will see in chapter six how I came to define codes related to 'seeing as important for safeguarding' as examples of 'safeguarding knowledges', and I differentiate between four different knowledges practitioners drew from on the importance of seeing. It was only during the writing stage that I settled on four knowledges, having initially coded three distinct knowledges, conflating two similar knowledges. I realised these had important differences when writing up.

3.2.6.1   Longitudinal analysis

For the longitudinal analysis, I utilised several strategies, starting by bringing the data together in ways that facilitate a longitudinal perspective. For example, I created an individual timeline for each participant taking part in more than one wave. I identified important time periods for each participant and outlined the key events taking place during these times along with their reactions to these, such as challenges or barriers they encountered. I then coded these timelines, assigning one to three codes to each period which I then compiled together into a coding matrix. I used the matrix to explore themes within a particular case over time, for example, a recurring theme in James' timeline related to his role prioritisation at different points and the anxiety this generated for him. The matrix also enabled me to compare themes across all participants at a particular point in the pandemic; for example, a common theme was that prior to school closures, most participants operated "business as usual" with limited, if any, COVID-19 impacts on working arrangements.

However, in starting to put together timelines and case profiles for participants, I realised that constructing a sequenced order of events, as interpreted by the participant, would not assist me in exploring my research questions. I was generating too great a focus on understanding the challenges encountered by participants at different stages of the pandemic and not on the process by which tensions encountered were responded to or how experiences of tensions changed over time. I had been interested in using Palomaki, Laakassu and Salmela's (2013) study as a potential guide because they combined reflexive thematic analysis and narrative analysis in their online gambling study, and the analysis approach was praised by Braun and Clarke (2020) as a successful hybrid approach. However, their study explored how people who have lost a large amount of money gambling make sense of and interpret these events before, during and after a gambling episode. Hence, in their study, linking themes from the data set to the sequence of time

is vital. In comparison, in my research time is a proxy for the specific combination of pressures and challenges that a practitioner was grappling with, in their setting, at a particular moment. Consequently, I realised to gain a greater understanding of the process of coping it was most important to analyse changes in how participants experienced tensions at different periods of their involvement in the study and differences in how they responded to these.

Calman et al. (2013) advise that a theoretical grounding can assist with capturing the complexity of change over time and mitigates generating descriptive accounts of change, which is what I judged myself to be doing. I found the theoretical principles of organisational dialectical theory helpful to revisit in this situation because it enabled me to direct analytic attention to the processual aspects of professional behaviour, which is at the heart of my research questions. As described in the previous chapter, dialectical analysis involves searching for fundamental principles which account for the "emergence and dissolution of specific social orders" (Benson, 1997, p.3). This requires analytic attention to principles that align with a dialectical view of change, including how structures are reproduced and modified by interactions yet constrained by the established interests and social structures—considering things in their totality as part of a wider social structure yet as partially autonomous parts (Seo and Creed, 2002). In addition, the analysis seeks to identify unintended consequences of social action that can occur when people develop particular social relations and structures which at a later point constrain or in some other way impact their behaviours in ways they had not predicted or foreseen (Farjoun, 2018). The approach, therefore, works in a longitudinal context as the process of constructing social arrangements and the consequences of arrangements captured across waves of data can be explored.

I therefore revisited the cross-sectional analysis but with an analytic focus on the dimensions discussed above, interrogating how the nature of tensions changed for participants as well as analysing how coping responses had implications at later stages of participation. This analysis strategy helped illuminate the iterative and continuous nature of coping, including the 'knock-on effects' of coping responses which, as I will explain in the next chapter, included tensions in multi-agency working.

3.2.6.2   Case study analysis

When writing my thesis, I opted to dedicate a chapter to presenting individual case studies to explore the coping process in the context of everyday, street-level safeguarding work. I present these case studies in chapter seven and elaborate there about their purpose and epistemological underpinnings. However, since these case studies required further in-depth analysis of the two participants chosen – James and Persephone – I will briefly summarise this work here. The

selection process began with the cross-sectional and longitudinal analysis I described previously, which involved coding every transcript and putting together case profiles and timelines for each participant involved with more than one wave. Consequently, when it came to selecting cases for greater in-depth analysis, I was already familiar with the main themes of each participant's account and had a good idea of how these themes connected to the rest of the data, having already written about both participants as part of other findings.

There are numerous strategies for selecting suitable cases within case study research, which, as Nick Emmel (2013) outlines, reflects the different theoretical traditions of using the method, including grounded theory and phenomenological approaches. For this study, the two participants were purposively selected through a strategy broadly aligning with the realist method of choosing cases outlined by Emmel (2013). What stood out about the participants chosen were several unique features in their accounts, which I thought suited exploring the change process, which I will discuss further when introducing each case in chapter seven. However, as Emmel (2013, p.159) explains, "the description of cases will change […] as the relation between ideas and evidence is worked out", and this transformation is the act of "casing" in the research.

This process of 'casing' involves the question 'what is this a case of?' and is "never fully answered" (Emmel, 2013, p.159). The casing strategy transforms cases by "configuring, reconfiguring, fusing and splitting cases to best resolve relationships, ideas and evidence" (Emmel, 2013, p.159). The process is highly reflexive and interpretive, with important decisions about what to include and exclude. It involved constantly testing my ideas about each case with the evidence in the data, also considering how this compared or contrasted with my existing findings and the experiences of other participants. Hence, even though I thought I knew the features of both cases, further in-depth analysis transformed both cases, primarily through the writing-up process.

The analysis already undertaken influenced how I read the data, and I used existing findings, including the framework which I present in chapter four, to help interpret the finer details of coping in each case. At the same time, I was conscious not to "force a fit" when integrating with the theoretical framework (Crowe et al., 2011, p.7). In both cases, features I thought were an example of X turned out to be Y. Additionally, as a result of the case studies, I clarified and revised other parts of my research findings – another example of how the analysis was an iterative process.

3.3 Chapter Summary and Conclusion

The purpose of this chapter has been to present the methodology informing the design of this research and the key decisions taken at different stages in the collection and analysis process. I

have not been able to outline every obstacle I have encountered or decision made, but offered an insight into the main considerations made and reflected on what I have learnt through the process about different methods.

The pandemic was a major setback which imposed barriers beyond what could have been anticipated in any contingency planning. However, I had expected that during the PhD, the project would go through several iterations. Adaptability to specific research contexts is an enduring feature of qualitative approaches, given the numerous obstacles that can be encountered. Ultimately, making the changes I did led me to develop a far greater understanding of qualitative research methodologies because it forced me to question many normative assumptions, such as in-person research being the norm.

The overall result is very positive; I collected a large amount of rich data, with participation from a range of practitioners working for agencies working with children. There was engagement by participants with all methods, which as the following findings chapters will demonstrate, were effective at capturing practitioners' experiences of tensions while offering us a window into the process by which they coped with these. The involvement of education practitioners, which was unexpected given my limited professional experience in educational contexts, provided extremely valuable data from a sector that was subject to a range of disruptions accompanied by a very public and often highly contested debate on the purpose and function of education during the pandemic.

However, there are inevitability limitations and areas for improvement, which I have highlighted in this chapter. I was unable to carry out any observation, a hallmark of 'street-level' studies, and in line with my original design, this has impacted the insights into examples of coping behaviours which I discuss in the findings chapters. In general, attrition has been a factor, but this is especially the case for November 2020, when participants had stopped recording audio diaries but were yet to take part in repeat interviews. Requesting participants carry on recording until after their final interview would have avoided this. The take-up for audio diaries was lower than for interviews, and less time between the interview and first recording, plus refinement of the process of checking in with participants, may have helped with this. Finally, fewer social care practitioners took part in the second wave of interviews and none in the audio diaries. Consequently, this has shifted the findings toward informal safeguarding within universal services of health and education rather than formal safeguarding and child protection processes. I will expand on these limitations and suggest areas for further research considering them in the conclusion of this thesis.

Chapter 4   A Map for Understanding Coping with Tensions in Multi-Agency Children's Safeguarding

The following four chapters are dedicated to presenting different aspects of the research findings, exploring what features contribute to tensions in children's safeguarding and the various mechanisms by which practitioners accomplish safeguarding work in light of such tensions. The presentation of the findings takes an unusual format, beginning in this chapter with a summary of the main findings of the research, offering a framework (or 'map') for understanding the process of coping with tensions in children's safeguarding. This format has been chosen to enable a more detailed exploration of key findings in subsequent chapters while retaining a sense of how these findings connect with the ongoing process of coping.

To understand the contribution each chapter makes, I have found it helpful to draw on a cartographic metaphor. This chapter is the most basic, simplified version of the map. Like a shopping centre plan or tourist information map, it's designed to mark out the features of an area judged to be most important and relevant. In such formats, it's typical to find "you are here" markers to help visitors orientate to the landscape. Suggested routes are offered, which guide visitors past the key features in the most accessible way. Similarly, this chapter informs the reader of the key research findings and offers a route for understanding how these findings connect while filtering out some of the complexity and detail. The aim is for this chapter to act as the "you are here" marker, functioning as a reference point that will allow for easier navigation of the subsequent chapters.

The three subsequent chapters bring different perspectives – or layers – to this map. This is like turning on different overlays on an electronic map, such as switching to street view or adding a satellite image. Each chapter is focused on the same phenomena, largely exploring the same research questions. However, in isolation, each chapter only offers a partial or incomplete view. In chapters five and six, we turn on the 'satellite overlay' feature, offering an aerial photograph of the terrain. This filter adds contextual depth and detail. However, a satellite image is also a product of a specific moment. Similarly, chapters five and six offer enhanced contextual detail, including that of time. Chapter five focuses on working conditions shaped by the 'late' austerity era – the period immediately prior to the COVID-19 pandemic – and chapter six focuses on safeguarding specific tensions arising from the disruptions to seeing children during the first 10 months of the pandemic. Meanwhile, chapter seven offers a perspective of how coping processes take place 'on the ground' and is the equivalent of offering a 'street view' of the terrain. This is achieved through two case studies exploring the processual aspects of coping over time. Taken

together, these findings offer a comprehensive view of tensions and coping in children's safeguarding, demonstrating the applicability of the framework offered below over time and across different contexts.

4.1   Structure of this Chapter

As established in chapter two, I define tensions as interdependent contradictions, and I understand tensions of this nature to be an inherent feature of social life, manifesting at multiple levels, including for individuals in their day-to-day activities. It is the aim of this study to understand which features contribute toward these tensions in the context of children's safeguarding and establish how practitioners respond to such tensions, including how they accomplish safeguarding work. To achieve these aims, it is first necessary to discuss the evidence that contradictory tensions are indeed an inherent feature of safeguarding practice. I therefore begin this chapter with a discussion of the extent to which tensions were found in the accounts of practitioners engaged in safeguarding work before and during the COVID-19 pandemic.

The rest of the chapter is structured in four parts. Firstly, I attend to the first research question by introducing the main features found to contribute toward tensions in children's safeguarding work. I define these as conditions of work, multi-agency dynamics and safeguarding knowledge. I will briefly define what I mean by these features and summarise the main trends across participant accounts in relation to them. I then discuss how, in combination, these three features generated tensions, giving four examples of interdependent contradictions arising out of the interplay between the features.

In part two, I address findings relating to the second research question, outlining the mechanisms by which practitioners responded to tensions. Here, I differentiate between coping mentalities and coping behaviours, presenting examples of five coping mentalities and five coping behaviours found. I briefly define these mentalities and behaviours, supported by some examples.

Having explored the two research questions separately from each other, in part three, I attend to the processual dimension of tensions and coping, which speaks to question three. I discuss how coping is best understood as partial, and as an iterative and continuous process. I conclude this section by indicating some of the important consequences that the use of coping mechanisms has for safeguarding practice.

Finally, I finish the chapter by introducing the themes and focus of the subsequent findings chapters. I outline the main argument of each chapter and discuss how they build on the framework offered here.

4.2   Tensions as a Core, Yet Hidden, Feature of Safeguarding Practice

Multiple tensions were discernible in the accounts of participants from stages one and two as they described the challenges of their work, or of their staff in the case of stage one senior managers. The unique experience of engaging in research provided space for practitioners to reflect, unpick and expand on work-related issues and challenges. Often, this was more than they would be able to do in day-to-day life, and participants acknowledged how valuable the research process was for them as a space for reflection. This was especially true for stage two participants during their initial interviews, because it was usually the first time they had verbalised their experience of navigating the disruptions of the pandemic, and the challenges that this had posed or was currently presenting for them. The unique research context, therefore, enabled practitioners to expand on difficulties, identifying elements which contributed to them. Consequently, unresolved tensions were identifiable in accounts, partly due to the rawness of experience. These accounts of challenges and stresses also offered important insights into the features contributing to tensions, as well as insights into the strategies used by participants to resolve them, enabling me to explore the research questions of the study successfully.

One example of unresolved tension being exposed is a short extract from a larger segment of interview data from Ned, a child protection social worker interviewed in early May 2020 for stage two. Ned explained how hard he found it to transition from being told, "You *must* see these children every four weeks" [emphasis in original] to "Oh no, don't worry about that" when the organisation shifted to remote video calls instead of in-person home visits. The extract below is his explanation of why he found this so difficult.

> That, to me, was a real ethical dilemma because I was like, where has all this pressure
> come from? I don't think I can really, and I don't want to, make comments about what is
> right or wrong because I think obviously there are statutory timeframes for a reason.
> Still, I think they have been arbitrarily picked out, you know – once every 10 days for CP
> [Child Protection] and nationally it is every six weeks for children in need, but still, they
> are relatively arbitrary – you know, they just kind of go "this sounds a good idea". But I
> do know it is important that we see children regularly and we don't let them slip, so I
> know that. I don't really know what I'm saying, but I found that quite difficult because it
> just… I don't know! I don't feel like I am being very coherent because there are lots of
> things in my head. There is the thing where I am like, "We are social workers; we are
> vital, and we need to be going out to see children", but also "We need to be safe", so we
> need PPE kit and everything, but actually I think we should have still been going out and

> seeing families. If the families are really refusing, then working with them and talking to
> them about how we going to keep them safe…

Ned, social worker, stage two

In the extract, we see how Ned brings in multiple conflicting understandings of why social workers should see children, recognising that statutory time frames are both arbitrary but also there for a reason. As he introduced more of these conflicting understandings, his explanation became more confusing, acknowledging he was not being very coherent because of the multiple conflicting ideas in his head around the importance of his role, as well as the importance of being safe and listening to families' interests. Hence, I found evidence of tensions meeting the definition of being 'contradictory and interdependent demands' in participant accounts of their work stresses, obstacles, challenges and ethical dilemmas.

However, I did not define every challenge described by participants as a tension. The pandemic generated huge disruption, and participant accounts reflected this, detailing the many challenges and obstacles that social distancing restrictions posed for practitioners and their agencies. Yet, in many cases, participants were retrospectively describing a problem or challenge that they had successfully overcome. Many of the adaptations and adjustments were viewed by stage two participants as working well and, in some cases, even better than pre-pandemic arrangements. In these cases, the challenges and disruptions described would be better defined as obstacles or barriers to usual working arrangements rather than tensions, because there were no contradictory or interdependent components to them, at least not at the point of being described. In other words, though participant discussions of disruptions and challenges provided an entry point to understanding tensions, I did not view these as synonymous with each other.

Finally, though such tensions are discernible in participant accounts, this did not mean participants themselves were fully aware of them or the features contributing to them. There are several reasons for this, which form part of the findings of this thesis. For example, a theme of the research is that practitioners experience exposure to tensions as emotionally distressing, especially if it relates to child safety. Because of this, when it comes to managing tensions, a key coping response I identified was to avoid them and consequently avoid experiencing the emotional distress such exposure evoked. This is in line with findings from risk work studies which show that "veiling" and "bracketing off" tensions are part of the day-to-day experience of work with risk (Brown and Gale, 2018; Chivers, 2018). Therefore, though I discuss tensions as inherent and coping strategies as a continuous process required to practically accomplish safeguarding work, from the standpoint of practitioners themselves, this process is not fully visible.

4.3 Features Contributing to Tensions in Safeguarding

In this section, I will introduce the three features that – in combination – contributed to the contradictory tensions I identified in participant accounts. I label these as conditions of work, multi-agency dynamics, and safeguarding knowledge/values.

4.3.1 Conditions of work

I define conditions of work as the demands, environment and terms of employment that shape practitioners' working practices. These conditions place constraints on how work is carried out and the resources available with which to do it. Some examples that I will discuss further in the thesis include:

- Resources, including staffing levels, workload, budgets, and the availability of services in the wider agency network;
- Measures implemented during lockdowns, such as limited in-person contact or 15-minute visits in the cases of high risk;
- The nature of employment contracts and funding arrangements. For example, charities are constrained by funding requirements placing expectations on how services are delivered.

Working conditions are affected by a variety of factors across levels, such as some of the socio-economic and political factors I discussed in the introduction, organisational practices and team dynamics. Furthermore, working conditions are not fixed, but dependent on this range of factors. For example, workload may fluctuate at different times due to service demands, staffing changes or sickness. Resources may fluctuate according to the period in the financial year. However, in line with Lipsky's theory, the general theme in participant accounts was a contradiction between the demands and expectations of the work and the available resources to carry out these tasks.

4.3.2 Safeguarding knowledge and values

Safeguarding knowledge and values incorporate a practitioner's understanding of safeguarding, including the principles underpinning it, knowledge about risk and harm to children and beliefs about how safeguarding systems should work. Like working conditions, practitioners' safeguarding knowledge and values are not fixed. They are shaped by a range of factors across levels, such as personal and professional experience, training, organisational culture and dominant discourses, including those surrounding high-profile serious cases. Therefore,

practitioners' safeguarding knowledge and values are best understood as contingent interpretations.

The introduction and literature review have already examined some of the tensions that arise from conflicting knowledge and beliefs about safeguarding, including tensions associated with risk work practices. In this study, I found that safeguarding knowledge and values were such a critical component of tensions that there is a legitimate case for differentiating between the experiences of risk workers – safeguarding practitioners among them – and the contradictions or paradoxes in wider public service work. Chapter six will highlight this in more depth by identifying how the safeguarding knowledge of the importance of visual contact with children contributed to a range of tensions during the pandemic, especially when visual contact was not possible for reasons associated with the pandemic response.

4.3.3   Multi-agency dynamics

The final feature contributing to tensions in safeguarding work I have labelled multi-agency dynamics. This incorporates the formal and informal safeguarding arrangements that I introduced in the introduction to this thesis. Formal arrangements include the statutory processes defined in the Children's Act and Working Together (2018) guidance, such as participation in child protection conferences. Meanwhile, informal arrangements include interactions between professionals as they share information and collaborate on interventions with a family. As with the other two factors, multi-agency networks are subject to continuous changes as individuals or organisations join, leave or negotiate a different position within the network. Additionally, multi-agency dynamics are also shaped by a range of factors across levels, with local and national government policy affecting arrangements on the ground.

Existing research has evidenced enduring challenges associated with effective multi-agency working, including ineffective information sharing, different responses to and understandings of risk and conflicting agency priorities (Cleaver et al, 2019). This research builds on existing research by demonstrating locations of tension within the multi-agency network. Thresholds for statutory intervention are an example of this, and form a significant part of the subsequent chapter, exploring tensions in the pre-pandemic context. Overall, the findings show that multi-agency dynamics are a key contributor to tensions in safeguarding because practitioners rely on wider networks to assist in providing support to families. In the context of reduced resources during austerity and disruptions to service provision during the pandemic, the ability of practitioners to draw on this network was curtailed.

4.3.4   Combining tensions

These three features – conditions of work, multi-agency dynamics and safeguarding knowledge and values – contributed to the contradictory tensions identified in participant accounts of challenges in safeguarding practice. Tensions typically arose in combination, either between two of the features or in the interplay of all three. Occasionally, tensions stemmed from just one feature – for example, the ambiguous definition of safeguarding itself. Consequently, the nature of any specific tension was dependent on the combinations of features contributing toward it. The overlap between features contributing to tensions is depicted as a Venn diagram in Figure 8 which shows how tensions are shaded by the features contributing to it.

Figure 8

Features contributing to tensions in children's safeguarding.
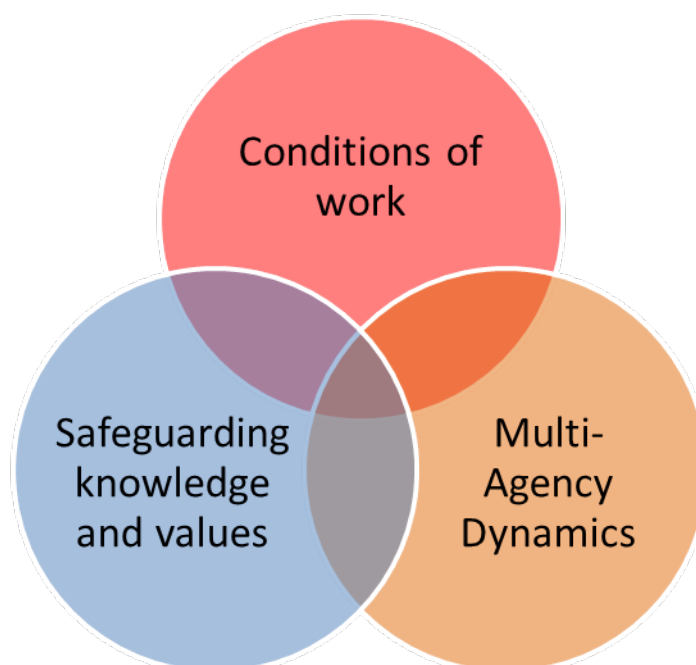
To demonstrate how features combined to generate tensions, I will give a few examples. Firstly, tensions can arise between safeguarding knowledge and conditions of work. In the extract below, Bryony, a child protection social worker who took part in stage two, explains how social workers do not have the required resources to attend to both the support and risk dimensions of safeguarding.

> I think the problem in social work is the Children's Act. Social workers are trying to support families and safeguard them, and they just don't have the resources to do both. So, in some ways, what needs to happen first is that the legislation needs to change. If

we only have the resources to do safeguarding, then that is what we should focus on. Because doing both is just stretching everyone, and caseloads are just ridiculous.

Initial stage two interview with child protection social worker, Bryony

Hence, in the extract, we see there is a contradiction between social workers' aims, based on their values and knowledge of safeguarding practice that are underpinned by the Children Act, and the resources they have to achieve them.

Additionally, tensions can arise between conditions of work and multi-agency dynamics. For example, in the extract below, James, a secondary school teacher and year head who participated in stage two, explains how teaching staff do not have time to engage in the pastoral work that social workers have fed back is valuable for safeguarding, generating a tension between social work expectations and working conditions in schools.

> We've had a couple of cases this week where we've contacted parents and then the social worker has contacted me and been like "that's really good you've got through; you should be contacting her regularly!" […]and yeah, that is wonderful, and we are really dead chuffed to hear that but also [exasperated sigh, followed by laugh] it can't just keep coming from us, we've got teachers who are teaching a 28 hour a week timetable doing the teaching, doing the planning, doing the feedback, recording online learning resources, you know, you've got to find the time for somewhere to fit that in.

Second wave stage two interview with James, secondary school teacher

Tensions can also arise between safeguarding knowledge and multi-agency dynamics. For example, in the extract below from Mabel, a family liaison officer for a primary school who participated in stage two, explains how she was unable to refer a child for safeguarding involvement because social care did not agree there was a role for them.

> We did one [a safeguarding referral] Friday because we had a mum who was very depressed and sleeping all the time. She is on her own in the house with a 7-year-old daughter, and the daughter wakes her up when she needs to be fed, and so we referred that, but the MASH [Multi Agency Safeguarding Hub] said there is no role for them. They said to refer to young carers, but we were more concerned about that child's… what happens if someone knocks on the door? What if she does try and cook herself some food? She is only 7. But they were absolutely, no. There is no place for them.

Second wave initial interview with Mabel, family liaison officer

Mabel's account of unsuccessfully referring a child to social care was a common experience, and stage one and two participants from outside of social care believed thresholds for safeguarding intervention had increased because of resource pressures for social care. This is explored further in chapter five as part of a discussion on thresholds. For the purposes of this section, it is an example of where a practitioner's view on safeguarding conflicted with that of another agency, resulting in residual tension for practitioners unsure of how to respond to an identified risk without the multi-agency assistance.

Finally, in many of the tensions I identified all three features contributed. For example, Rosie, a speech and language therapist, discussed how challenging it was to discharge inpatients to the community during the early stages of the pandemic because community-based services had either stopped entirely, or large numbers of the team had been redeployed. Given this, she explained how:

> The message [from the community team] was, "the children need to be stable, and they need to be safe", and that's [sigh] that is really hard because, as a clinician, I try not to be the safe clinician. I try to sort of see how we can progress things and push things to as far as we can safely. Because if you are just being the safe clinician, you are putting that child three or four steps back from where they could be. It was challenging to have to send a baby home on dummy dips of milk rather than a bit from a bottle because I wasn't sure who was next going to see them or when they were next going to be seen.

Initial stage two interview with speech and language therapist, Rosie

In this extract, Rosie is not talking about safeguarding children from the risk of abuse, but nevertheless, it is a useful example that demonstrates how the conditions of work (in this case constrained by lockdown), multi-agency working arrangements (between hospital and community settings) and understanding about risk can come together to create a contradictory but interdependent tension in practice.

The subsequent chapters of this thesis will significantly expand on these three features of tensions, exploring on working conditions, multi-agency dynamics and safeguarding knowledge in more detail. I will situate the findings in the context firstly of the pre-pandemic period of late austerity, and secondly of the pandemic itself, evidencing how – despite very different challenges and obstacles – these three features were a recurrent theme contributing toward tensions. Finally, in chapter seven, we see how changes in these features, in turn, changed the nature of tensions experienced by James and Persephone.

4.4   Mechanisms of Coping with Tensions in Safeguarding

This section of the chapter will focus on findings related to the second research question 'how did practitioners respond to these tensions?' In line with the theoretical framework presented in chapter two, I found evidence of practitioners using both mentalities and behaviours of coping in response to tensions. Mentalities of coping are the psychological processes participants were found to engage with in response to tension or potential tension. These mentalities accompany and support certain behaviours, such as those of client processing, which Lipsky and other street-level theorists have identified.

I will first introduce the five mentalities of coping, which I identified as themes in participant responses, providing a brief outline of how each mentality can be defined, before introducing some coping behaviours. However, as I will explain, coping behaviours are not offered as an exhaustive list but rather examples of some of the strategies I was able to discern. Ultimately, findings on coping behaviours are limited because I was unable to observe participants at work, and I will discuss the implications of this at the end of the section.

4.4.1   Mentalities of coping

I found evidence of five coping mentalities, which I define as avoid, reframe, problem solve, mitigate and acknowledge. Though there is some overlap between these, I differentiate between them as their goals are distinctive. The universal theme across mentalities is that in each case, a mentality is an approach which protects the practitioner from feelings of distress and anxiety that 'exposure' to tensions can evoke. Hence, a key mechanism of coping is to manage exposure to tensions and, in line with the research on moral injury (Haight, Sugrue and Calhoun, 2017), I argue that exposure to tensions, in particular residual tension, is a driver for practitioner distress, burnout and sickness.

4.4.1.1   Avoid: Delay and distract

A key mechanism practitioners used to manage tensions was to avoid them. I differentiated between two variations of 'avoidance' which I have labelled as delaying and distracting. There are important differences between these mentalities, but the overall effect is to avoid thinking about or acting on a tension, at least in the short term. Therefore, it is useful to link these mentalities together.

In the situation of delaying, the practitioner recognises that there is a potential problem or conflict and opts to wait until a later time to think about it, thus preventing themselves from

considering the potential contradictions. For example, many participants describe carrying on with "business as usual" in the early stages of the pandemic and did not consider or prepare at that time for potential remote working, opting to wait until later. Additionally, one participant in stage two with senior leadership responsibilities, Sarah, described how she was not making any plans for reopening her school because there were too many things to consider and too many variables. Instead, she said: "I am just absolving myself now from all of it. I'm just saying, 'when the government makes their announcement, then we will make our plans,' but I can't make plans until I know what the government expectation will be". Therefore, the practitioner partially recognises a tension or potential tension but avoids confronting or dealing with it.

Similarly, some practitioners also partially recognised a tension but avoided acknowledging it through a process of distraction. Examples identified in the second stage included participants focusing on keeping things as normal as possible, distracting themselves from reminders that things were unusual. Some participants focused on the opportunities that home working provided, for example, by signing up for online training courses or "getting on top" of previous notes or cases. Many participants described "keeping themselves busy" as a mechanism of distraction, with participants glad that they were working rather than on furlough. Some sought opportunities to do additional tasks, such as delivering food or taking on extra shifts in hospitals. By keeping busy, they had less time to spend dwelling on potential tensions associated with child or family needs not being met because of pandemic-related disruptions.

4.4.1.2   Reframe

Another strategy of coping I have labelled as reframing. This involved adapting work priorities or focus to reconcile tension. There was some overlap here with modifying work objectives, which Lipsky identifies as a mechanism of coping with conflicting or ambiguous goals. Similarly, I found this was primarily used as a strategy of prioritising one goal or demand over another in cases of role conflict. For example, stage two participants from schools described mentally adjusting the expectations of their role during the lockdown, with participants describing shifting to seeing "school as childcare" and not "as learning" during this time (terms used by learning support assistant Jack). Meanwhile, secondary school participants took on a greater pastoral role, prioritising the emotional and well-being needs of students over learning needs. Other examples include focusing on risk assessment over risk intervention. This reframing protected practitioners from exposure to tension by, at least temporarily, managing ambiguous or conflicting work demands.

4.4.1.3 Problem-solving

The mentality I have labelled as problem-solving had some overlap with reframing, but I have recognised it as a distinct mentality as the goal is slightly different, even if the method is ultimately a form of reframing. Problem-solving is a strategy of seeking to find a resolution for a tension or potential tension that may not yet have fully developed. In cases I have labelled as problem-solving, the practitioner translates the tension into a practical problem and seeks potential solutions to the issues identified, disregarding the features of tension they cannot resolve or translate into a practical solution. The mentality, therefore, involves identifying obstacles or barriers and filtering for possible resolutions. The practitioner partially acknowledges that there is a challenge or obstacle but does not always recognise all the features contributing to this, focusing instead on the main practical barriers, including resource dysfunctionalities and ineffectual multi-agency arrangements.

Problem-solving protected practitioners from exposure by allowing them to feel satisfied that they had overcome a problem, even if the problem they solved was not actually the main tension. For example, in chapter six, I will explain how many participants discussed tensions associated with high levels of uncertainty around the risks facing a child when they were absent from universal settings such as schools. In response, some practitioners were able to reassure themselves of the children's safety because they had provided the family with food, equipment and regular phone contact. I will give the example of Carly, a nursery manager who 'problem-solved' by taking door-stop photos of the children she had not been able to see in person during the lockdown. By doing so, she reassured herself that the children had been seen. However, the real tension was whether or not these children were coming to harm, and other than confirming the children had no immediately obvious injuries, photos did not necessarily resolve this question.

4.4.1.4 Displace/defer

In the mentality I define as displacing, the practitioner seeks to transfer responsibility for overcoming or managing a tension to someone else, such as a more senior practitioner or a professional from another agency. For example, Leon, a social worker taking part in stage two, explained how there was an increase in cases going to court during the pandemic, which he believed was because the more junior social workers in his team wanted the reassurance of the "super safe" court case process, where there is the judge overseeing the proceedings as well as barristers arguing for the case. By displacing responsibilities for assessing and managing risk, practitioners are protected from exposure as they do not have to confront or grapple with the inherent uncertainties of a case, take responsibility for decision-making or for something "going wrong". This strategy has similarities with Lipsky's writing on specialisation, which he

distinguishes as one means of achieving goal modification. Specialisation can reduce strains by removing some of the conflicting tasks workers are confronted by, thus making goals easier to identify and orientate client processing routines around. However, it can have the consequence that some workers are deprived of skills they should have, and in the context of this research, this could mean practitioners refer to other agencies to carry out a risk assessment or intervention instead of developing skills themselves to explore concerns directly with families or children.

4.4.1.5   Mitigate/protect

In the mentality I have defined as mitigating and protecting, the practitioner identifies that there is a tension and seeks to minimise the worst perceived impacts associated with it, including consequences for the practitioner of something going "wrong". This mentality was associated with behaviours such as 'holding', whereby practitioners step in to provide support outside of their remit to try and meet the identified needs of a child in the absence of other agencies, hoping to avoid a serious incident of a child coming to harm by doing so. The mentality was also associated with behaviours such as recording and documenting concerns to protect themselves from later scrutiny if a child did come to harm. The mentality can be understood as practitioners' pre-empting the possibility of a child or young person coming to harm and seeking to protect themselves from exposure to the worst impacts of such a situation, including emotional distress of feeling responsible or that they had not done enough. By attempting to manage these longer-term worst impacts, the mentality also provided reassurance in the short term, allowing concerns and anxieties to be kept at bay because practitioners felt they had done what they could.

4.4.1.6   Acknowledge

The final mentality identified was practitioners acknowledging that there is an unresolvable tension in the situation, describing the features contributing to it without an attempt to overcome, avoid or mitigate. Acknowledgement is different from exposure because it is a mentality which enables coping – for example, by seeking advice and guidance from more experienced colleagues or managers. However, acknowledgement also was found to prompt a behavioural response of resignation – which I explore further below – where the tension is resolved by the practitioner removing themselves from the situation.

The mentality of acknowledgement was rare in stage two accounts, but senior managers interviewed for stage one identified that safeguarding work contains inherent contradictions and uncertainties. They advocated that an experienced worker could tolerate exposure to a certain amount of tension and saw their role as senior managers to help them to do this. For example, Alex, a child protection service manager interviewed for stage one, described how they "really try

and assess the risk, and we will hold on to it if we think it is safe enough". She explained the team balanced different risks, recognising that removal from the family home may remove some risks, but that long-term foster care opened up others, with no decision containing no risk at all. She concluded by saying, "We do tend to hold on to risk, and we try and manage the risk as best we can". Similarly, Leon, a social worker from stage two, echoed this notion of a "good worker" tolerating a certain amount of uncertainty, as the extract below captures.

> In social work, if you become a good autonomous worker, you are able to hold an awful lot of risk because if you go out to a family there is no magic wand, sometimes you as a professional have to hold that level of risk that they are carrying because that's their life; however, some of us have to hold that. You can only hold that if you have support network around you, you have managers, workers, and colleagues who have done that before.

Leon, social worker, repeat interview for stage two

Both Leon and Alex draw on the notion of being able to "hold" risk, which I interpret as a strategy of coping because it encapsulates a process of objectification which enables the features of a case to be acknowledged, including those which contain tensions, without requiring a resolution or solution. By objectifying the multiple, complex features of a case, including the risks to the family or practitioner associated with it, into something which can "be held", the potentially contradictory or conflicting circumstances of a case are translated into one quantifiable thing. More complex and risky cases acquire a greater mass and heavier weight than those with less uncertainty and less tension. The practitioner can then determine if the 'weight' is tolerable to them and, if it is not, engage in behaviours which may reduce it by spreading out responsibility with other colleagues and practitioners.

I return to the notion of holding several times during the thesis, including later in this chapter, where I introduce the idea of holding as a coping behaviour, and I differentiate between the mentality of holding related to acknowledgement and the behaviour of holding. Additionally, the case study of Persephone in chapter seven is centred around the notion of holding, with both the mentality and behaviour covered in depth.

4.4.2 Coping behaviours

Coping behaviours enabled some of these mentalities to be achieved in practice. A variety of coping behaviours were found across both stages of the study. There was no predetermined relationship between a particular mentality and behaviour, though some behaviours were better

suited toward certain mentalities than others. A better determiner of what behaviours were used was the means available to practitioners, including the extent of professional discretion, informal and formal networks of support and material resources or equipment. The extent to which these conditions of work and multi-agency dynamics shape coping responses (as well as contribute to tensions in the first instance) is evidenced in the case studies offered in chapter seven.

The list of coping behaviours I present here is not exhaustive. Firstly, because some behaviours were closely related to features of work roles and did not relate to managing safeguarding tensions, they were not covered. Similarly, given the range of participants' roles, it did not seem useful to attempt to pull together a typology of all the various behaviours, especially because this would require far more attention to the differences between roles and working contexts than there is scope to provide in this thesis. Finally, as I was unable to observe practitioners go about their work, it was harder to access insights on coping behaviours. I was reliant on practitioners providing examples of the actions they have taken in cases where it is likely participants presented their actions in more favourable lights, potentially excluding actions which significantly contravene best practice guidance.

Nevertheless, it was possible to see examples of coping behaviours, and I will offer some of the most prominent ones to demonstrate how these can be understood as coping responses and linked to coping mentalities. The purpose is to demonstrate that such behaviours have important consequences for how safeguarding work is carried out 'on the ground', as well as the potentially unintended consequences of these. I thus argue for the importance of recognising localised practices.

4.4.2.1   Rule bending/breaking

Rule bending or breaking characterises behaviours that involve undertaking activities which either breached established protocols or adapted an existing protocol, normally to provide a practical solution to a problem. Examples in the data include distributing nappies to families during the first lockdown even though this was a breach of insurance terms, and the building was supposed to be closed. Additionally, in stage two, a non-profit nursery accommodated a child who was too old to attend the nursery because the practitioner (Carley, the manager) was concerned the child was "slipping through the net". Therefore, her team changed the admission rules because of the unprecedented circumstances of the pandemic and offered him a place.

Another example of rule-bending is offered in the below extract from Shirley, the safeguarding lead for a primary school interviewed for stage two. Shirley described the process of creatively wording a referral, emphasising the features of the case most likely to result in a referral being

accepted. The extract also captures how Shirley engaged in a mentality of problem-solving, reducing the multiple issues – which in the longer interview segment includes the issue of police information sharing – to a practical problem of the primary carer needing a support worker.

> So, that mum does need support with her mental health, but she's just not in the right place to actually make that move and do that. She needs to liaise with housing because she is overcrowded, she's in a 2 bed flat and the children are year six set of twins, one of each sex, both sharing a bedroom, and that's not OK either, but she's doesn't have the mental capacity at the moment to organise herself and get that sorted. But actually, putting that into a referral, even at level 2, it doesn't meet threshold because it has to be a specific piece of work around supporting the children. So, I've had to word it creatively to make it sound as if mum's really struggling with the child's behaviour, to get the worker involved, so that then she can support mum to do what she needs to do.

Initial stage two interview with Shirley, safeguarding lead for a primary school

4.4.2.2   "Holding" cases

Another behaviour involved practitioners taking or maintaining responsibility for a case in circumstances where they believed other agencies should have been involved, and participants described this as "holding". I have already discussed how the notion of holding risk was associated with a mentality of acknowledgement, allowing inherent tensions to be acknowledged and yet managed by objectifying the complexities and contradictory features of a case into one quantifiable thing, assigned a weight which could then be managed. Here, holding is used as a behavioural response, a strategy enabling practitioners to avoid confronting tensions such as there not being sufficient help available for a family in need by providing that support themselves. We see this in the example discussed above, where speech and language therapist Rosie was confronted with the tension of sending babies home on dummy dips. She concluded:

> "Because I wasn't sure who was next going to see them or when they were next going to be seen, then we were trying to take on caseloads that we wouldn't normally. So, holding on to them over the phone. Or hold on to them via zoom sessions".

Rosie, speech and language therapist, initial interview for stage two

The behavioural strategy of 'holding' sometimes meant taking on an additional responsibility toward a child or family, providing support outside of the practitioner's remit to respond to a perceived need. It was, therefore, sometimes used as a strategy of overcoming a problem, with practitioners stepping in in place of another agency.

This behaviour of holding is revisited numerous times, firstly in the next chapter on the pre-pandemic context, where I explore the extent to which practitioners from universal services took on additional responsibilities for risk because of increased thresholds for specialist support. I return to the theme of holding again through the case study of Persephone, exploring the reasons why she worked with a counselling client for nearly a year when she would usually do six weekly sessions, and the consequence this had for her over time, potentially contributing to her decision to stop providing school-based counselling.

4.4.2.3   Arguing the case

Another behaviour I identified as arguing the case. This involved practitioners actively challenging the decision of another agency, engaging in work to persuade or convince them to agree with the practitioner's interpretation of a situation and what support is required. For example, Poppy, a health visitor interviewed for stage two, explained how a social worker tried to convince her that a situation she had concerns about was okay, but Poppy pushed back, explaining how she emailed the social worker to outline all her concerns and ultimately convinced the social worker to agree.

Additionally, senior manager Kathy advocated for the need for practitioners to argue the case for a family. Kathy was interviewed as part of stage one and had concerns that some practitioners would stop making referrals to children's social care because of perceived high thresholds, creating a self-fulfilling prophecy.

> You've got to give them the information around why you think it meets the threshold for intervention. You've got to *think* and be analytical about what you are doing with that family that makes it reach a point where you think you can't do any more with them and why it needs further input from other people. There is never enough services. There is never enough bodies. We could always do a lot, lot more, but we have got what we have got, and we've got to do the best with what we've got.

Kathy, designated nurse [her emphasis], stage one participant

However, challenging decisions and arguing the case involves additional work and requires the time and resources, firstly to gather and collate the necessary justification or evidence to support the case being made. Secondly, the act of translating concerns into written form is difficult and requires skill to present a case in a way which increases the likelihood of a case being accepted, also involving a good understanding of acceptance criteria. Finally, arguing the case requires the time involved in locating and then communicating these points to the appropriate agency representatives, something which participants described as often requiring numerous chasing phone calls, emails or follow ups. Therefore, practitioners may choose to be selective over which

cases they assess to be worth the work involved in arguing a case. Consequently, it can be understood as a coping behaviour because it's a discretionary act which may not be deployed in all cases or circumstances.

4.4.2.4   Resigning from post

As described by Lipsky (2010), withdrawal from work is an effective means of responding to tensions between capabilities and objectives. This was not a common behaviour identified because most participants remained in their posts, although some changed roles part way through the study. However, the possibility of resignation as a strategy of coping was a feature in accounts. For example, James, a stage two participant with new senior leadership responsibilities, said that the school leadership team needed to be very careful about introducing increased quality assurance and monitoring on teachers as the pandemic receded because "we've got staff who are 100% ready to call it now and just say "I'm done, I'm out" and why wouldn't you be? It's been absolutely bonkers". Additionally, two participants in stage two mentioned colleagues having resigned during the autumn of 2020 because they did not feel able to continue to work in conditions they felt unsafe in. This effectively resolved an ongoing tension between balancing risks associated with COVID-19 transmission and risks associated with not delivering work.

In the pre-pandemic context, one senior manager interviewed was previously a child protection social worker working during the early austerity period. Her interview provided insights into the demands on social workers and gave an insight into her decision to leave. She explains that she believes that because social workers have spent a long time training and the wages are higher than similar jobs in the charity sector, those who can stay will stay, stating "you aren't going to leave that if you can get by". By this she implied she could not get by, later explaining all the pressures on social workers which meant they could not do the job as they wanted to. She concluded, "I genuinely believe that if you are a good social worker, you are not going to stay".

One of the most interesting examples of the behavioural strategy of resignation was Bryony, a social worker interviewed for stage two, who essentially used the strategy of resignation on an ongoing basis by seeking employment as an agency social worker. This meant she could easily quit whenever she felt the work pressures began to impact her mental health.

> The past for five years I've been an agency worker and I've been working sort of nine months on and three months off, just for my mental health really. As an agency worker you have more choice and if things get too bad you can just walk basically, which is good but also you are not invested in as a member of the team if you know what I mean? So there is two sides to that, the choice. So that is what I did it for, I just needed time off

basically. You want to do it, part of me I really want to do social work properly, but trying to find an environment where you can do that and survive [laugh] it's really difficult [...] it's really hard. But I'll carry on doing safeguarding work. But I'll do it in a way that I can protect myself. That is not what I want to do, but is where I have got to?

Initial interview for stage two with child protection social worker, Bryony

4.4.2.5 Behaviours to improve physical and mental health

The strategy of resignation used by Bryony could also be understood as a behavioural strategy of improving her physical and mental health, and there were a range of coping behaviours which participants described as helping them to manage tensions. These were behaviours which participants understood to increase their tolerance for stress by being mentally and physically healthy. Achieving a good work-life balance was a key part of this strategy, and many participants described engaging in behaviours which enabled them to avoid tensions of work encroaching on their personal lives. Examples in the data included participants building remote working spaces in the garden to create distance between work and home and strictly enforcing lunch breaks and working hours. The behaviour, therefore, assisted participants to attempt to avoid tensions when outside of work. However, this was not always possible, and I will discuss examples of participants being unable to control worrying resulting in sleepless nights in chapter six.

4.5 Coping as a Partial, Continuous and Iterative Process

In the chapter so far, I've presented the component parts of the research findings in a relatively linear format, presenting the three main features contributing to contradictory tensions in safeguarding, followed by the main coping mentalities and some behaviours which I identified as supporting practitioners to manage these tensions. However, it is important to highlight that I found coping to be both a continuous and iterative process that was only partially effective. By iterative, I mean that participants utilised multiple coping mentalities and/or behaviours, often exhausting several potential strategies before coming to a resolution of some kind. By a continuous process, I mean that tensions are not formed in isolation from previous mechanisms of coping. Rather, previous coping behaviours and mentalities contribute to the generation of new tensions either for that practitioner or for others within a particular safeguarding network. For example, if a practitioner problem-solves by 'holding' on to a case for longer than they are supposed to, this could cause new tensions later. These could include multi-agency tensions over role, responsibility and remits, especially if other agencies come to expect that exceptional treatment is a norm. In that sense, coping in the context of children's safeguarding is only ever partial and temporary.

Participant accounts themselves demonstrate that coping is an iterative and continuous process, with their responses indicating that they engaged in multiple approaches, finding the limitations of one approach before trying out another. For example, participants often first introduced a problem or concern, then outlined an attempted solution or presented a reason why a solution would not work, before detailing another attempted solution and so on. While I recognise there are dangers in over-relying on participant accounts, which may not always align with how participants actually experienced a situation, they do offer a valuable window into at least some of the thought processes practitioners had when encountered with contradictory tensions.

For example, in the extended extract below from Poppy, a health visitor interviewed for stage two, she mentions multiple strategies to overcome tension related to being unable to see a child because the parent was avoiding professionals.

> Since last summer I have been trying to get the social worker to organise a joint visit with me and the mum so that I can see this child. The social worker's working with Mum, but Mum is manipulating the social worker, and I did say this in the conference, I basically said in a very polite way to two social worker managers and the chair of the conference, "Basically, I've known this mother for longer than any of you have, she's manipulating you all and this child needs to be on a child protection plan". They disagreed with me. They got quite defensive. So – I've documented everything – but it's been very frustrating, and I spent hours on this case with just this one family. […]. So, I think there's a lot of hidden concerns that parents are actually hiding very well until something big happens, and then it opens up a massive can of worms. So, I'm very concerned with that about safeguarding.

> **Second wave stage two interview with Poppy, health visitor.**

In the extract, Poppy mentions several strategies she engaged to overcome this tension: firstly, seeking to overcome the barrier through problem-solving by arranging a joint visit, then arguing the case, and presenting a compelling argument to senior social managers. In the end, having been unable to resolve the tension, Poppy deploys a mitigation strategy by documenting everything to protect herself should "something big happen". We also see residual tension experienced by Poppy in relation to the case, with Poppy concerned that the conditions of the pandemic allowed parents to hide, and a recurrent concern of hers was about "something big happening" as a result.

The notion that coping is a continual process is even more evident when participant accounts are examined over time. Issues that appeared to have been successfully overcome or avoided at one

point often re-emerged later in a new form, and some of the strategies used by participants to manage one tension sometimes resulted in a new tension or conflict later. For example, in chapter seven I will introduce the case study of James, a secondary teacher who 'reframed' his role during the early stages of the pandemic to include more pastoral and safeguarding responsibilities. However, as we will see through James' case, he subsequently experienced significant anxiety about his ability to carry out this work with vulnerable students. Also, when schools re-opened, he described his safeguarding duties as conflicting with his teaching. He questioned how long these dual functions could be sustained. At the same time, he was conflicted about how they could be abandoned and what that would mean for the young people and families he had been supporting. Ultimately, he questioned, "how do we reset?" and returned to a situation where his role was primarily that of a teacher. Through James' case we gain insight into the process of coping, including how tensions are shaped by earlier coping responses.

The final point to emphasise as I bring this introductory chapter to a conclusion is that there are consequences of practitioner coping behaviours across a range of levels. There are many ways coping mentalities are beneficial to children and families, with practitioners taking on additional work to respond to needs, fighting strategically for support to be put in place from other agencies, and other forms of problem-solving. However, there are other very important consequences that I will discuss in this thesis. For example, in chapter six I argue that the narrow focus on 'seeing children' that practitioners have developed as a coping mechanism for managing uncertainty is contributing to ineffective safeguarding practices. I've also indicated how coping mechanisms can generate new tensions between agencies and contribute to staff workload. Considering the high staff turnover and worker shortages in several public services posts COVID-19, and given my finding that resignation can be understood as a coping response, understanding why so many practitioners feel unable to find alternative mechanisms of avoiding or overcoming tensions is a critical question for organisational managers and policy stakeholders. The conclusion chapter of this thesis will draw out the implications of these findings associated with coping, with a call for urgently needed further research that considers how to best support practitioners exposed to tensions.

4.6 Summary and Structure of Findings

In this chapter, I have put forward a basic 'map' of the research findings, offering a framework for making sense of tensions and coping in children's safeguarding based on the core findings on features contributing to tensions and the coping mechanisms practitioners used to manage them. I described how tensions are evident in the accounts of practitioners and that these arise from the core features of children's safeguarding work, including the conditions of work, the dynamics of

multi-agency work and practitioners' safeguarding knowledge/values. I explained that practitioners are usually not fully aware of tensions and that this partial awareness can itself be understood as a mechanism of coping. This is because exposure to contradiction can be experienced as distressing, especially when related to the potential for a child to come to harm. I have summarised the mechanisms by which participants managed exposure to tensions, through mentalities of avoidance, reframing, problem-solving, displacing, mitigating and acknowledging and I have discussed how these were supported by behaviours including holding, resigning, arguing the case and rule breaking. Finally, I drew attention to the processual dimension of coping, recognising coping is partial and, consequently, managing tensions is iterative and continuous.

What the chapter did not do was offer depth and detail in relation to any of these claims or to differentiate between the two very different social, economic and political contexts that are captured in this research: that of the 'late austerity' era, prior to the onset of the COVID-19 pandemic, and the pandemic itself, which generated significant disruption to everyday practices, as previously outlined in the introduction. The purpose of the rest of the findings is to add depth and detail to the process outlined in this chapter.

Chapters five and six offer the 'satellite overlay', adding contextual detail, including that of time. In chapter five, I focus on how practitioners' conditions of work in the pre-pandemic period were constrained by resource pressures associated with austerity policies and how this contributed to resource-related tensions such as not having enough time to provide a service in line with a participant's safeguarding knowledge and values. I then discuss the multi-agency tensions that these conditions of work generated, discussing the issue of increased thresholds and the 'holding' of cases. The main argument of the chapter is that to understand tensions and coping in children's safeguarding, attention to both the multi-agency dynamics and responsibilities toward managing risk is essential, a component missing in many street-level studies.

In chapter six, I focus on the tensions arising from the safeguarding knowledge held by participants that visually seeing children is important. I show how the disruptions of the pandemic reveal assumptions about the safeguarding importance of seeing children. These assumptions, which I define as examples of safeguarding knowledge, in combination with conditions of work and multi-agency dynamics, generate significant tensions for participants. I explore how these assumptions contribute to inter-agency conflict, based on disagreement over the question "whose responsibility is it to see children?". The main argument of this chapter is that the disruptions of the pandemic reveal coping mechanisms practitioners used prior to COVID-19 to

reassure themselves in situations of uncertainty, giving insight into previously hidden coping processes.

Chapter seven, the final findings chapter in this thesis, offers us the 'street view'. The chapter aims to offer a perspective of the coping process as it is navigated and experienced by those who walk it daily. I present two case studies based on the experiences of two participants, James and Persephone. The chapter attends to the third research question by asking, "How do practitioners' experiences of tensions in safeguarding practice and their responses to them change?". The purpose of these case studies is to explore the coping process in the context of everyday, street-level safeguarding work. As I have already discussed in this chapter, James' case study examines changes in the role tension he experienced at different stages of the pandemic. Meanwhile, Persephone's case focuses on tensions arising out of a decision made to provide counselling on an extended basis with a 'high-risk' young person. The main argument of the chapter is that two case studies demonstrate the partial, iterative, continuous and multi-agency nature of coping. From this, I conclude that for safeguarding practitioners, coping is an endless process.

Chapter 5   Battling Over Thresholds and 'Swimming Against the Tide': Multi-Agency Tensions in the Context of Austerity

The previous chapter outlined the main findings from the two stages of this research by offering a simplified 'map' detailing three features contributing to tensions in multi-agency children's safeguarding and an outline of the strategies research participants used to manage these as part of a continuous and iterative coping process. The key findings were that tensions arise in multi-agency safeguarding practice through an interplay of working conditions, the dynamics of multi-agency working, and safeguarding knowledge. Secondly, practitioners find ways of preventing total exposure to these tensions through various coping mechanisms, including mentalities and behaviours. Finally, coping is partial, with mechanisms of coping forming part of an iterative and continuous process. Practitioners constantly engage in coping mechanisms, contributing to new tensions for themselves or others involved in safeguarding work.

The purpose of this chapter is to add some of the depth, detail and context missing from the previous chapter – the equivalent of turning on the 'satellite' filter. Like a satellite image, the findings of this chapter are tied to a particular moment in time; in this case, the chapter is centred on tensions in the pre-pandemic context. The chapter attends primarily to the first two research questions, asking, "What were the factors generating tensions for those working in children's safeguarding before the pandemic, and how did these practitioners manage the tensions they experienced?".

As I will present in this chapter, a theme in the accounts of participants from social care was that internal and external resource pressures arising from austerity policies had increased their workload and risk responsibilities. Meanwhile, participants from early help services also felt that their risk responsibilities and workload had increased, yet they attributed this to higher thresholds within social care. Despite this apparent tension between these two groups of workers, in day-to-day practice, participant accounts indicated such tensions were not confronted, instead operating as 'background noise'. In the chapter, I elaborate on these themes, concluding that working conditions in the austerity era reduced resources which contributed to increased safeguarding responsibilities for practitioners operating across the safeguarding network. This generated various tensions which practitioners experienced as stress and were only partially managed through coping responses.

5.1   Diminished Resources and Increased Demand: Working Conditions in the Pre-Pandemic Context

In the pre-pandemic landscape, I found that work conditions across children's safeguarding were significantly constrained by factors associated with the austerity policies I described in the introductory chapter. The senior managers interviewed for stage one stressed that resource pressures were their most significant challenge, with resources being "pared-down" year after year or, as designated nurse Kathy stated, "there are just not enough resources for the increasing demand that we've got". The nature of resource pressures varied for different agencies, with the term 'resources' used by participants to refer to budgets, staffing and other assets, including those within the broader network that practitioners could call upon to assist in an intervention with a family.

Community-based and early help services experienced direct cuts to funding resulting in partial service closures or reductions in service offerings. Other agencies, primarily statutory services and specialist local authority services found their budgets cut in real terms as funding did not increase in line with higher service demands and perceived levels of need. Accessing children's homes and school support was restricted by privatisation and academisation. For example, senior social work manager Alex explained that private children's home providers were prone to "cherry-picking"; that is, only accepting children whose circumstances were the easiest to accommodate. Overall, I characterised this pre-pandemic landscape as one of diminished resources resulting from this combination of direct spending cuts, squeezed budgets and the privatisation of services. This understanding that safeguarding work in the pre-pandemic context was constrained by diminished resources was shared by participants across agencies and between participants in both stage one and stage two.

However, there were significant differences in participant accounts about how these resource pressures were experienced and responded to. A noticeable difference was between participants from early help services compared with the accounts of participants from social care. This is consistent with the distinction made by Devaney (2019), which is that in practice, there is a divide between services which fall under the category of early help and those delivered by the local authority under the category of statutory social work interventions. In the rest of the chapter, I use this distinction to examine the experiences of these two sets of workers. In line with the definition used by Hood and colleagues (2020, p.657), "social care is taken to mean statutory provision for children in need and children at risk of neglect and abuse, as well as services for children in public care". Meanwhile, I use the term 'early help' to refer to participants working at levels one and two in the continuum of help and support model.

The rest of the chapter is structured in four parts, beginning by elaborating on the claim that specialist services associate austerity with increased workloads, and I examine how this contributed to tensions in practice that they experienced as stress. In the second part, I examine the notion that thresholds for specialist intervention were heightened in response to resource pressures, a view firmly held by those operating within early help service contexts. I then discuss the experience of participants from universal and early help services, examining the relationship between their reports of increased workload and risk responsibility and the rationing of services within social care. Finally, I consider why tensions between agencies remained "background noise", concluding that this is a coping response to enable the day-to-day work of safeguarding to carry on, but with longer-term consequences for safeguarding effectivity. Throughout the chapter, I draw on data from both stages of the study, given that stage two participant accounts discussed work conditions before the pandemic.

5.2   Social Care Practitioners as 'Swimming Against the Tide'

"They [the staff] are swimming against the tide, and it's extremely stressful for them, spending hours or days phoning round to try and find a resource and then be told no. Especially when you have children who are really risky, going missing a lot or running away from home or subject to child sexual exploitation, and you really need some sort of specialist resource for those children, and there is nothing available. It is stressful because, obviously, social workers feel a responsibility for the children they work with, and they want to put things right, but they need the tools to do that. So, I think personally for us, the toll for social workers personally is quite high.

Stage one participant Alex, service manager (children's services)

Alex, a stage one participant who was a service manager within children's social care, explained that her team had fewer "tools" to use because of service closures in the community, such as domestic abuse services and children's centres, stating the "toolbox has been raided". Additionally, departmental budget cuts reduced the capacity of the team to refer families to external paid-for services such as respite or to have the backup of family support workers to provide practical advice and assistance to families. Some services her team relied on had not closed, but access was more difficult due to policies associated with austerity, such as the aforementioned 'cherry picking' by private providers or the challenges communicating with schools when they became academies, since the staff were no longer part of the same local authority organisation.

In this context, Alex described her team as "swimming against the tide", battling in this environment of diminished resources to secure remaining services and support for the children and families they were working with. Alex did not feel the "quality of work" was affected, though, as the opening extract captures, the resource pressures took an emotional "toll" on her staff. The extract captures the tension faced between safeguarding responsibilities and resource availability. Social workers were confronted by the tension of wanting to "put things right" yet not having the "tools". This can be conceptualised as a tension between working conditions, which in this case are constrained by resource limitations, and social workers' safeguarding knowledge and values. As Alex explained, this tension was experienced by her staff as "extremely stressful".

Social workers interviewed for stage two also supported this characterisation of working conditions constrained by diminished internal and external resources. For example, Leon, a child protection social worker, described how the multi-agency network had "been reduced systematically" by austerity. Meanwhile, Bryony, also a child protection social worker, explained the challenges of reduced external services each year, claiming that in some rural areas, there "is literally nothing" with services there "one minute" and "the next they are not". As with Alex, this tension between need and availability is described as stressful and "really hard" for Bryony.

> [You are] Working in an environment where year to year, you don't get the same service. The amount of charities that are doing things but then don't do it long term and one minute they are there and the next they are not, it's just – it makes it so hard. There is nothing. In some areas, there is literally nothing because, obviously, working in a rural area, for instance, there is nothing in some areas for families. They will have to travel, and if you don't have transport, there is no buses. So, what do you do? How do you support women who have witnessed domestic abuse if they're living in [rural location] or somewhere? They can't get access to anything, it's really hard.

Initial stage two interview with Bryony, child protection social worker

Bryony leaves the question of "So, what do you do?" open. One response is for the social worker to provide this support themselves. This was Alex's view; the closure of community-based services meant that social workers were required to do more direct work with children and families, increasing their workload as a result. Alex described how the social workers in her team had to "rely more on themselves, on their own skills, on their own ability more and without the additional practical support". By doing more themselves, the potential tension of a service not being available is resolved, and this aligns with the behavioural response of holding that I defined in the previous chapter. However, doing more by themselves also increases social workers' workload, which can intensify existing work pressures, with social workers potentially unable to

take on these additional responsibilities for all cases. Consequently, it is only partially effective and, over time, may even exacerbate tensions.

Additionally, there are some services that social workers cannot provide themselves, such as placements for children in care, respite for disabled children, specialist therapeutic services, and refuges. To practically overcome the barrier to accessing these external services, social workers had to try and contact different providers, often from out of the area, to find something suitable. This additional work took time, as indicated by Alex's statement of social workers spending "hours or days phoning around" and largely depended on external agencies. Social workers also had to overcome logistical hurdles in facilitating access, including securing funding and arranging transport. Therefore, responding to these resource restrictions was challenging precisely because social workers could not meet the perceived safeguarding need themselves and relied on external agencies and internal permissions. Overcoming these barriers, therefore, requires social workers to "argue the case" with various gatekeepers to secure the needed resources. Again, the consequence is that such work is time-consuming and may further exacerbate workload pressures, taking away from time spent with other families or delivering direct interventions.

While senior manager Alex attributed this greater workload to service closures and barriers securing external provision, social workers Leon and Bryony attributed increased responsibility to the multi-agency network. For example, Bryony stated, "What most social workers will tell you is that once a child is on a child protection plan, then kind of it's over to children's services if you like, or rather to the social worker". This view was shared by Leon, who explained how the reduced multi-agency network meant actions identified in statutory plans ended up being allocated to the social worker:

> If you look at child protection plans and looked after child plans – and I've looked at loads – they identify the tasks, and what they do is they actually put all the tasks to the social worker. So it's crazy. I was like, "How is that possible? You expect the poor social worker to do absolutely everything!" and they are burning the social workers out and therefore, the fluctuation is very high. Right now, we have 25% fluctuation […] Can you imagine if 25% of the workforce leaves on a monthly basis? This is the norm in social work. One of the reasons is how austerity plays out, is they all blame the social workers and then they leave and because there is no network when there is a plan being drawn up, the plan is actually quite good, but instead they only have the social worker doing absolutely everything which is impossible.

> **Initial stage two interview with Leon, child protection social worker**

In the extract, Leon emphasises the idea of there being "no network". Similarly, in the extract above, Alex and Bryony describe "nothing" available regarding external support. However, it is essential to highlight that they did not mean no multi-agency safeguarding work was taking place. Child protection plans are written in multi-agency meetings with other agencies present, indicated in the extract when Leon states, "*They* actually put all the tasks to the social worker (emphasis added)". Later in the interview, he expanded on the multi-agency attendance at child protection conferences when discussing the shift to remote meetings during the pandemic. Therefore, formal multi-agency safeguarding, including collaboration and information sharing, was a continued feature of child protection and looked after child processes in the pre-pandemic context.

Instead, Leon and Bryony argued that reduced resources within the safeguarding network meant social workers were allocated all the actions. They both felt that agencies attending these meetings should have taken on responsibility for the tasks on the plans and that there needed to be more multi-agency working when delivering safeguarding interventions. As the lead agency for safeguarding, the social worker is tasked with implementing the plan if other agencies or professionals are not identified or do not come forward. However, as Leon articulates, "the social worker taking on everything is impossible". Both Leon and Bryony argued that social workers did not have the time or resources to carry out all their responsibilities. Because of this tension between demand and capacity, Leon states that social workers are "burning out", and he attributes this as a cause of high fluctuation and staff turnover. This is consistent with the coping mechanism of resigning. As the previous chapter discussed, the former social worker, now senior manager Lily asserted that good social workers would leave, with social workers only staying "if they can get by". Additionally, Bryony herself used a strategy of intermittent resignation from agency social work and resigned from her agency position just before the first lockdown. A consequence, however, is the high turnover Leon references, which, as well as causing instability in the workplace, exacerbates workload pressures as cases are assigned to other social workers and newly qualified social workers have fewer experienced colleagues to learn from (Oftsed, 2022).

In addition to these behavioural responses of social workers – holding, arguing the case and resigning, we see evidence of Bryony and Leon engaging with coping mentalities to manage the conflicting demands of their work. They both discussed prioritising the highest-risk cases over broader support interventions, consistent with the mentality of reframing I introduced in the previous chapter. For example, Bryony explained that under the Children Act, they are required to support and safeguard, but social workers "just don't have the resources to do both". She explained, "You need to have two separate social worker places if you like, one does support, and

one does [safeguarding] because the support side of it just gets left for the safeguarding anyway". This prioritisation of the highest-risk cases was also a finding by Saltiel (2016), who explored the notion of gatekeeping and thresholds in an ethnographic study based in a duty social work team. He found that the proximity of duty managers was critical for keeping thresholds low, as otherwise, the pressures of workload contributed to social workers raising thresholds, passing on cases to other agencies or deflecting to other departments.

Heather, a former director for children's services interviewed for stage one, discussed how constraints around service capacity are reflected in child protection and looked after child plans, describing these as "service-driven rather than needs-led" plans. In contrast, she argued that an effective plan should be led by family needs and framed in those terms. The idea of service-led rather than needs-led was something I observed when working as an independent advocate. It was one of the reasons I wanted to observe child protection planning meetings to understand better the processes by which agencies identified needs and formulated an action plan to respond to them. In addition, I wanted to understand if allocating tasks to the social worker could be understood as an example of multi-agency coping or even multi-agency gatekeeping. Unfortunately, I could not observe child protection conferences as part of this study due to COVID-19 restrictions and, consequently, cannot further expand on the process by which tasks are allocated. However, Bryony and Leon's accounts show the importance of multi-agency dynamics in allocating work, and further research in this area would be valuable.

Overall, social care findings indicate that resource limitations in the pre-pandemic context contributed to increased workload and responsibilities for social workers. These conditions contributed to tensions in numerous ways, as these working conditions conflicted with social workers' safeguarding knowledge about the interventions and support needed and/or the expectations of other agencies. Social workers experienced these tensions as "extremely stressful", with these conditions understood as having contributed to staff turnover and social workers "burning out". These tensions align with the findings of Haight and colleagues (2017), who carried out a mixed-method investigation of morally injurious experiences of child protection practitioners in the US. They found 89% of practitioners described morally injurious events as occurring because insufficient resources within the system "precluded effective intervention" (p.32).

In response to such resource limitations and dysfunctionalities – and the stress it generated – we see insights into how social workers adopted problem-solving mentalities, seeking to argue the case or step in to deliver work themselves, and this was the strategy endorsed by the senior manager Alex. However, we also saw how such strategies were partial in that they further

increased workload and thus exacerbated workload pressures. Meanwhile, the strategy of resignation may resolve tensions for an individual social worker but exacerbates workload pressures for other social workers. Finally, prioritisation through re-framing of work may be a successful strategy for managing workload but runs a danger of transforming the character of children's social work as only concerned with the highest risk cases, effectively raising the threshold for support. Therefore, we have insight into how coping is an ongoing process.

This concern about resource pressures having increased thresholds was a key theme of participants from universal services, which I will now turn to.

5.3 Thresholds for Specialist Support as 'Getting so Ridiculously High.'

> Even though legislation hasn't changed, we are definitely seeing that thresholds have changed. And I know that is a really contentious thing to say because people come back and say, "No, it has not; significant harm today is what significant harm is ten years ago". I've worked in this field for 20 years, and it is not. It is not. The children being worked with previously are not the children being worked with now.
>
> **Stage one interview with Sarah, senior manager for a national youth charity**

A theme across stage one and stage two participant accounts from those employed outside social care was that the threshold for the involvement of the Child and Adolescent Mental Health Services (CAMHS) and children's social care had been heightened. In other words, to have specialist service involvement, the circumstances of children or their families had to be worse and with a much higher level of risk than previously.

The timescale for this increase or heightening of the threshold was unclear. However, Sarah and Lily both specified a timeframe of 10 to 15 years, which overlaps with the period since the financial crisis of 2007–08 and the 'austerity era' which followed. However, this also overlaps with the period since the high-profile death of baby Peter Connolly and the noticeable increase in referrals to social care which followed. All other participants did not specify a time, only the notion that it was becoming increasingly difficult for referrals into specialist services to be accepted. Stage two participants did not report significant changes in thresholds for intervention because of the pandemic, implying the continuity of the trend toward higher thresholds originating in the pre-pandemic context.

As Sarah's extract indicates, the notion of increased thresholds was acknowledged by stage one managers as contentious because statutory thresholds for what legally constitutes significant harm have not changed since the 1989 Children Act. Nevertheless, all the managers working

outside of statutory safeguarding services either directly discussed thresholds having increased or, in the case of Kathy, a designated nurse, expressed concerns that delivery practitioners perceived them to have increased. In contrast, stage two participants from universal services appeared less concerned about the contentiousness of acknowledging higher thresholds. Instead, these participants primarily referenced high thresholds as a taken-for-granted work feature. For example, Linda, a family liaison officer for a primary school interviewed in May 2020, explained that level three and level four services would only get involved if there is a "really, really high risk". Meanwhile, Persephone, a school-based psychotherapist whose experience I use as a case study in chapter seven, explained about CAMHS that "the state of services at the moment is that thresholds are now getting so ridiculously high".

Through the vignette case study, we also see that the interpretation of thresholds for child protection interventions deviates across different local authority areas, indicating differences in the approach to referrals of different social care departments. The vignette was a hypothetical case study based on a case of potential neglect, which was ambiguously worded to mean there was no correct answer as to whether the children were experiencing significant harm. Participants could argue that the family were living in deprivation, requiring support but not in need of protection. The case study was based on research findings from the pre-pandemic context. A template of the vignette can be found in Appendix E.3.

In the vignette, participants were asked to reflect on whether the case would likely meet the criteria for a child protection intervention. There were differences in participant responses to whether the scenario case would meet the threshold in the local authority area the participant was based. There were also differences between professions, with those interviewed from universal services being most doubtful. For example, Hannah, a health visitor, explained, "This sort of thing wouldn't necessarily go to conference round here; we haven't been invited to any like this. They tend to be much more like obvious violence, do you know what I mean? There does tend to be quite a high threshold for neglect". Similarly, Shirley, a safeguarding lead at a primary school, reflected, "How usual would it be for it to go to child protection? I think nowadays I think we would really struggle. It's really, really hard to get cases opened to children's social care at all at the moment, which is, um, it's worrying for a lot of families that we work with".

Interestingly, Ned, who left social work in the first month of the pandemic for another local authority role with children, strongly advocated that the case met the threshold for intervention. He projected onto the case high-risk concerns around potential domestic abuse. More data is needed to explore whether other social workers share this view. However, one explanation could be that in local authorities where 'assessment' and 'management' of child protection social work

tasks are differentiated (as they were in Ned's local authority), those who become involved after a decision has been made to put children onto a child protection plan do not have the experience of battling over thresholds that those in referral and assessment teams do. For example, when discussing the frustration of duty social workers, Saltiel (2016) cited a social worker they interviewed who described the "constant battles with the professionals who think that your thresholds are completely different to theirs" (p.2109).

5.3.1 Raised thresholds as rationing

There is a lack of money in government, which means thresholds get higher, which means when we are working with a young person that needs to be safeguarded, they might not necessarily get the support they need.

Stage one interview with Lily, safeguarding lead for a regional youth charity.

Lily attributes increased thresholds to budget cuts. This view was shared by other participants, who frequently acknowledged that social workers had large caseloads and were under significant pressure. The view that raising thresholds was a response to workload pressures is an example of 'rationing', a strategy that street-level studies have evidence of, where intake to the service is managed according to service capacities rather than levels of need. Typically, those responsible for managing access to the service take on the role of 'gatekeeper'. When service access is denied even for those to whom a statutory obligation to provide services is due, the phrase "unlawful gatekeeping" has been coined, with evidence of such practices occurring within housing services (Alden, 2015).

The social workers interviewed for this research did not go as far as to say that thresholds for support had increased, or that they were rationing services. Though, as I discussed, Bryony and Leon described prioritising the highest-risk cases and, as Saltiel (2016) found, such prioritisation can lead to raised thresholds. Additionally, Hood and colleagues' (2020) analysis showed local authorities with high deprivation "screen out" more cases in the initial stages of referral and assessment. Since there is an established link between high deprivation and demand, these are the areas with high demand rejecting more cases for statutory support. Discussing CAMHS, which early help participants also associated with increased thresholds alongside long waiting lists, Daisy – who worked in a CAMHS referral team – explained her team consciously raised the threshold during the early stages of the pandemic, indicating thresholds in mental health are negotiated rather than absolute. She felt this raising of thresholds should have happened earlier as CAMHS were not the first point of call for a mental health issue.

However, even if thresholds are the same in CAMHS and social care contexts, rationing could still be taking place. Devaney (2019) distinguishes six types of rationing which are relevant for children's social care, of which raising thresholds is just one example. He outlines that rationing can also be achieved: by denial, which involves the closing or suspending of services altogether; by selection, which involves providers selecting service users most likely to benefit from interventions; by delay, such as via waiting lists; by deterrence, due to complicated referral systems or hostile gatekeepers; by dilution, with fewer resources or staffing in service; and finally by deflection, achieved by passing on 'difficult cases' to another service that is more appropriate or specialist. Given the demand and resource pressures widely cited in children's services, Devaney argues that social care should be upfront about how rationing is taking place rather than outwardly promote the needs-based model based on thresholds, which many organisations experience as a "gate-keeping exercise to protect children's social care, rather than as a means of better meeting children's needs" (2019, p. 461).

As I had limited data from social care participants themselves on the theme of thresholds, and I could not observe them in practice, I do not have sufficient evidence to conclude that threshold increases were a coping response of social care due to the tensions I've discussed around resource limitations. However, the literature would indicate that social workers are both aware of threshold tensions and engage in gatekeeping strategies, and that the resource demands leave few options but rationing to some degree. My findings show that practitioners outside social care believe thresholds have risen because of resource pressures. Further research is needed to examine these differences over thresholds, and the vignette tool developed for this study could be used to facilitate cross-local authority and professional comparisons. Regardless of whether thresholds were raised, we still see friction between social care and universal services over thresholds, remit and responsibility, and a sense that pressures in social care had knock-on effects for other agencies, including generating anxiety for them about children's safety and wellbeing.

5.4   Early Help Services as 'Holding' and 'Arguing the Case'

The view of early help practitioners was that higher thresholds for specialist services had resulted in an increased workload and risk responsibility for them, for reasons I will examine further below. Early help practitioners also reported additional workload because of the wider pressures within statutory social care and CAMHS. Resonating with the experiences of social workers, early help practitioners described tensions arising from this increase in responsibility and workload, which they largely experienced as stress and anxiety.

Some of the additional workload was a knock-on effect of social workers being busy, which meant practitioners from universal agencies spent a lot of time "chasing a response". For example, Veronica, who worked as a youth advocate, explained how making contact involved an ongoing process of "phoning the council, leaving a message, sending an email, waiting for a response [and] chasing a response". The challenges of contacting social care could be understood as an example of rationing by deterrent. Veronica explained they do not have the work mobile numbers or direct emails of social workers, which means they must go through the council's telephone extension system, with them being lucky to find a social worker in the office and able to take the call. From the viewpoint of children's social care, this manages the workload by making it harder for social workers to be contacted. From the viewpoint of Veronica's services, this adds to their workload by making information sharing much harder.

Another reason for this additional workload was that practitioners from universal services felt compelled to plug gaps in provision for children and families – an example of the coping response of holding. For example, following on from the extract on thresholds quoted above, Lily described the increased pressures for the charity because of the tightening thresholds in children's services.

> That's really frustrating because we are working with young people that need this support, and they aren't going to get it from statutory services, which means we are holding them more, so they do get that support which then means our staff are then overworked and underpaid and all of those things. So that's really frustrating.

Stage one interview with Lily, safeguarding manager for regional youth charity.

Lily, therefore, attributes the raised thresholds to her charity needing to hold and in the extract she identifies the tension facing her team, who are confronted by young people needing support that they are not getting from anywhere else. Later in her interview, she described a similar tension by explaining that the charity is "left with" young people who have made disclosures of abuse and for whom the charity cannot support in the capacity needed.

Similarly, Persephone, a stage two participant providing short-term school-based counselling for teenagers, described how "ridiculously high thresholds" in CAMHS meant that people who are not equipped or trained and who did not have the necessary resources were "dealing with" people they should not be, including those who were at high risk of suicide. In chapter seven, I will explore Persephone's case further, detailing how a joint decision was made between the school and Persephone for her to carry out extended work with a young person determined to be at high risk of suicide but who was not accepted by CAMHS for treatment. Over time, Persephone

described the burden of "holding" responsibility as weighing "heavy" on her, with Persephone unable to provide the kind of specialist intervention she felt was needed.

I found that holding alleviated some of the emotional responses that tensions, such as there not being support for a young person in need, generated. Yet by taking on or maintaining responsibilities for cases outside their typical service remit, the strategy sharpened other tensions, such as those between agencies. As discussed about social workers, taking on work to plug gaps also generates an increased workload which could also exacerbate existing resource pressures. Therefore, the strategy of holding is partially effective but does not resolve the fundamental issue that there is no provision for a child or young person in need, which, as we will see in Persephone's case, may leave residual tension.

Additionally, the strategy of holding is complicated by multi-agency dynamics. As I will explore in Persephone's case, the safeguarding team at the school put pressure on Persephone to carry on counselling the high-risk student, so this was not an individual act of discretion on Persephone's part. Similarly, where Lily describes her organisation feeling "left with" young people in need, this is not necessarily the same as choosing to intervene, but feeling like there is no other option – and holding can then itself be experienced as tension. Hence the holding strategy is negotiated through multi-agency dynamics and is part of an ongoing process of multi-agency coping. This is a finding also observed by Saltiel (2016), who gives examples of schools and health visitors being asked to take on work, which some social workers described as "getting rid" of referrals, thus displacing responsibility back to universal services. This "getting rid" of referrals is an example of rationing by deflection (Devaney, 2019).

Another reason I found for the additional workload of universal practitioners because of heightened thresholds was the work involved with 'arguing the case' for referrals to be accepted. As I mentioned in the previous chapter, this was a strategy which senior manager Kathy, a designated safeguarding lead within a clinical commissioning group, advocated for. She said practitioners had to give the specialist service "information around why you think it meets the threshold", stating that doing so required being "analytical about what you are doing" and "why you can't do any more with them and why it needs further input from people". However, putting together a compelling case like this requires time and resources. Consequently, in the context of already pressurised working conditions, when deciding whom to refer to for specialist support, practitioners in universal services must calculate if the efforts involved in arguing the case were worth it, given the likelihood of success. When asked if there was ever reluctance to refer to services because of feeling they would not get picked up, Lily stated, "I do it now […] someone is like, 'Oh, we should refer to children's services' and, in my head, I'm going, well you can refer, but

I know they are not going to do anything". In that sense, early help practitioners play a gatekeeping role by taking on decision-making responsibility based on their prior experience of interactions with specialist services.

We also see an example of this in Poppy's account, a health visitor interviewed for stage two. Poppy described how "social care have got very high thresholds", stating, "you refer a child because you feel they need extra support, and then social care says, doesn't meet the threshold, so, then a lot of the time in my work, I am the gatekeeper". Describing herself as the gatekeeper is interesting, given that in her scenario, it is social care that has rejected the referral. As I have already reasoned, one way of interpreting this is that practitioners take on the gatekeeper role by deciding which families to refer to specialist services and which are likely to face rejection or are not worth the efforts of referring. Another interpretation is that when a family is referred for specialist support, but that referral is rejected, the referring practitioner is then responsible for determining what support outside of social care could or should be offered. Consequently, they then play the gatekeeper role by deciding which, if any, other support could be offered by the practitioner themselves – by holding – or by seeking input from other agencies. In either case, additional work is involved.

Related to this second interpretation, some participants from universal and early help services engaged in strategies associated with problem-solving and mitigation, both of which contributed to increased workload. Typically, this involved taking on extra work by providing practical support and assistance for a family, such as helping to replace broken white goods, referring to the food bank or getting a child involved in an extra-curricular activity. As I discussed in chapter four, the problem-solving mentality involved translating complex, multifaceted problems that contained contradictory tensions into a solvable problem, even if that meant overlooking some aspects of the tension. Meanwhile, mitigation involved reducing anxiety about cases in the present by reassuring the practitioner that in the eventuality of a "worst-case scenario", they had done what they could.

The vignette activity showed evidence of such mentalities used by the practitioners who believed the case did not meet the threshold in their area. Instead of referring to social care, participants who spoke of high thresholds provided extensive summaries of the various practical support and referrals they would offer. For example, Hannah, a health visitor whom I previously cited as stating the case would not go to child protection, broke down the case study into a series of separate issues and discussed how she would solve these, such as by offering benefit support and referrals to food banks if the reason that Tilly was hungry was due to financial difficulties. Alternatively, if it was because of a mental health issue, she explained how they could support a

referral to the GP for talking therapies. The hypothetical case was ambiguous, so there was no right or wrong response, and the solutions were appropriate to the issues Hannah identified. What is relevant is that practitioners described a mentality of seeking to solve problems, which generally led to practical help rather than attending to the more complex, interpersonal family dynamics of cases.

Hannah also illuminatively explained that in her area, the local authority "want you to do some of the early help things first and get to the bottom of it yourself as a professional". This notion of "getting to the bottom of it" is associated with increased workload because it involves practitioners needing to have evidenced all the other avenues of support that have been exhausted or put forward a case that shows clear harm is occurring. "Getting to the bottom of it" also has the potential to transform the nature of the relationship practitioners have with service users and their families. The process of gathering evidence entails taking on monitoring activities and investigating potential concerns. For example, multiple participants interviewed during stage two described children or families being "on the radar" before the pandemic. These were families being closely monitored for any indicators of increased risk. Participants hoped to capture when a case "tipped" over the threshold for statutory involvement (a phrase used by Marie, a respite worker interviewed for stage two). I will discuss the ramifications of this during the pandemic in the next chapter. The point to highlight here is that many universal services were engaged in extensive risk monitoring in the pre-pandemic landscape because families were not meeting the threshold for specialist support.

Accounts from participants working in universal and early help services in the pre-pandemic context therefore show an increase in workload and responsibilities for risk, which they attribute to the raised thresholds in social care and other specialist services such as CAMHS. I have posited that this increased workload may not be due to raised thresholds of harm/risk, but other forms of rationing in line with the conceptualisations offered by Devaney (2019). These include making access difficult and displacing back to other agencies, including by wanting agencies to get to "the bottom of things" first. This is significant because while actual thresholds may not have changed, they are perceived to have due to these rationing strategies making access to social care interventions harder. In situations where a family had not received the support deemed necessary, early help practitioners reported feeling anxious and worried. I have detailed how practitioners holding, arguing the case, getting to the bottom of, and mitigating can be conceptualised as coping responses to these tensions, as it is through these behaviours and mentalities that the feelings of stress and anxiety which tensions evoke were managed. However, a knock-on effect of these mechanisms was an increase in workload, which contributed to other work pressures for early help practitioners.

5.5   Multi-Agency-Related Tensions as 'Background Noise'

The findings discussed in this chapter show that individual agency or practitioner experiences are not distinct from the broader social relations in which safeguarding workers operate. For example, I have discussed how working conditions for social workers in the pre-pandemic context were significantly constrained by reduced resources in the wider multi-agency network, and this contributed to increased workload pressures in social care. At the same time, I've shown how these pressures in social care may have contributed to higher thresholds, which practitioners from universal services claim has resulted in them taking on more responsibilities for supporting families and monitoring risk.

We have seen examples of conflict between agencies, with practitioners from universal services frustrated about being "left" with families and experiencing ongoing issues "chasing responses". Meanwhile, we saw how social workers were frustrated by the expectations of other agencies, placing responsibility for most tasks on them. These tensions align with the findings of Haight and colleagues (2017), whose investigation into moral injury I previously cited. The second greatest cause of morally injurious events after resource constraints was "problematic professionals", with 78 per cent of practitioners describing moral injury relating to the actions or inactions of professions. One example given was of a case not being accepted by child protective services as an example of such an event, resonating with the themes already discussed in this chapter.

Other tensions between agencies in the pre-pandemic context include issues about understanding job roles and respecting the professional contribution of each agency. For example, health visitor Poppy expressed frustration that social workers did not seem to understand or appreciate the role of health visitors, expressing, "I think they think I just cuddle babies all day". Meanwhile, Carole, a childminder with experience as a safeguarding board member, was frustrated that the local authority was "missing a trick" and missing "really vital information" because they did not invite her to meetings, explaining that "at the end of the day we are all meant to be professionals" but we "still have that pattern of some agencies talking more than others and others not talking". Similarly, in the extract below, Lily, the senior safeguarding manager within a youth organisation, explains that youth workers are often seen as "below par" and "not good enough", with a dismissive attitude from agencies such as children's services who only involve the charity if they "want us to do it instead of them".

> Lily: "I think the problem with partnership working is that people quite often will give police and children's services the power, and actually they don't work with the young person as much as say we would. Youth work has been seen as something, that is like below par. Not… I don't know….

Interviewer: Like, not professional?

Lily: Yeah, like not professional, not good enough and well, "you're a youth worker, so what do you know?". Which is really upsetting because youth workers have got great skills, and their safeguarding is, like, really hot. And so, they are just kind of neglected, and so children's services don't really appreciate the relationship we have with the young people.

Stage one interview with Lily, Safeguarding Manager for a regional youth charity

While these examples of tensions between agencies have been apparent throughout this chapter, I identified a theme that these tensions between agencies rarely seemed to be confronted or openly expressed. One reason for this was the nature of funding relationships that constrained the extent to which some agencies, particularly charities, could criticise the local authority they relied on for ongoing funding. For example, despite numerous frustrations that senior manager Lily described with social care, she also argued, "there is no one to hold to account" because of the need to retain positive relationships. She discussed how if "someone [at the local authority] asks us to do something, and we say no, we aren't doing it, well then that partnership is ruined". Similarly, Veronica, who worked for an advocacy organisation funded by the local authority, explained the pressures to meet performance targets and demonstrate the need for their service.

Another reason for the lack of confrontation was that participants were conscious not to blame or scapegoat fellow practitioners for what they recognised to be systemic issues. Instead, tensions involving multi-agency dynamics appeared to be an accepted part of practice, operating as "background noise" (a term used by Sarah, a safeguarding manager for a large children's charity). For example, participants frequently expressed frustration toward professionals from other agencies involved in a case before retreating somewhat and acknowledging that these workers had high caseloads and were under much pressure. Consequently, participants tended to blame agencies in the abstract rather than individuals working within it. I understood this was partly because participants did not wish to contribute to the blame culture and hostilities directed at professionals involved in safeguarding. Some participants were keen to stress this at the end of their interview when asked if they had anything else they wanted to add. In that sense, multi-agency conflict was understood by participants to form part of the general conditions of work, contributing to the sense of "swimming against the tide".

However, projecting blame onto organisations rather than individual workers could also be understood as a coping mechanism because it reduces conflict in day-to-day working relationships. By constructing practitioners from other agencies as not individually responsible for

unmet needs or higher thresholds, practitioners can practically work with people from different agencies without addressing or confronting the inter-agency tensions. Senior manager Sarah described this as "siphoning off", with workers able to separate the anger about a situation from individual blame. This notion of siphoning off could be conceptualised as an example of coping mentalities of 'avoidance' and 'reframing', using the framework presented in the previous chapter. The extract also gives examples of how resource pressures play out on the ground, including practitioners' thought-making process when calculating whether to argue the case, such as not wanting to exacerbate staffing shortages by contributing to another worker going off sick because of pushing too hard.

> "People see that person, who they see at all kinds of meetings, they see them very regularly. They know they are drowning, right? And they don't want to put extra on them – "They are a good one; we don't want them going off sick because at least we can have a sensible conversation". So, I think that is why it stays background noise because I think there is a level of acknowledgement that *all* of these people are doing their best in what is a really difficult system. So quite often, then they will say "it's social care", or "it's schools" or "it's the police". It's their agencies that are terrible. But of course, it's people who make up agencies. So, it's just really interesting the way we get into siphoning it off so that we can still be angry with it but not be angry with the person".
>
> **Sarah, safeguarding manager for a large children's charity, interviewed for stage one [her emphasis]**

Though a potentially effective strategy of avoiding confrontation within day-to-day working relationships, there could be longer-term consequences for effective safeguarding. This "siphoning off", along with the pressure to maintain good relationships for funding purposes, could contribute to the lack of "robust critical thinking and challenge within and between agencies" which was identified in the recent national review into the murders of Arthur Labinjo-Hughes and Star Hobson (Child Safeguarding Practice Review Panel, 2022, p.9). The same review also concluded that multi-agency arrangements were too fragmented, which aligns with the experiences of practitioners from universal services expressing frustration about information sharing. Therefore, coping responses that manage tensions through avoidance and mitigation-type approaches could contribute to some of the longstanding issues identified within safeguarding arrangements. Further investigation into why practitioners do not challenge is needed. Still, the findings of this chapter indicate that working conditions may factor into practitioners' decision not to confront or challenge, along with a recognition of the precarity of the system and a sense that "everyone is drowning".

5.6   Chapter Conclusions

In this chapter, I have used participant accounts of the pre-pandemic context to explore what contributed to tensions, and I have examined how those working in safeguarding children responded to them. I have evidenced how participants from both specialist and universal services experienced pressures associated with increased workloads and responsibility. I analysed the apparent conflict in participants' accounts from universal and specialist services to understand the factors contributing to the tensions they described. In doing so, I revealed how working conditions, multi-agency dynamics and safeguarding knowledge combine to generate tensions in frontline practice. For example, policies associated with austerity placed material constraints on the working conditions of practitioners, with diminished resources a key feature of the pre-pandemic landscape. Alongside this, we saw how underlying forces within the multi-agency network, including established communication approaches and the accessibility of services, intensified these constraints by adding to existing workloads. Thirdly, we saw how practitioners' beliefs, values and knowledge about safeguarding, such as their expectations about what constitutes significant harm and the threshold for which children and families required specialist service intervention, combined with these material constraints to generate tensions and conflict.

While tensions were clearly discernible in participant accounts, they typically described them as stressful or worrying situations. For example, how "stressful" it was to have insufficient resources to meet demand or the "worry" about families needing additional support but who did not meet the threshold for specialist interventions. I have drawn links here to work in moral injury, with many of these tensions being cited as morally injurious events. Managing tensions, therefore, means managing some of the emotional impacts that exposure to tensions can evoke.

Throughout the chapter, I have explored some of the coping responses discernible within participant accounts, detailing how behaviours such as holding, arguing the case, and resigning were used alongside mentalities including reframing and problem-solving. I have evidenced how these responses were only partially effective, in that tensions were not resolved but rather managed. Though this chapter did not consider how tensions and coping change, I have indicated the long-term limitations of many strategies, which could exacerbate workload pressures. I have also evidenced how responding to tensions is a complex phenomenon, impacted by the same underlying multi-agency dynamics that contributed to tensions in the first place, such as the knock-on effects of rationing strategies in social care.

These findings are significant because they demonstrate that practitioners are confronted by contradictory but interdependent tensions in day-to-day practice, and they typically experience these situations as stressful or worrying, which means managing tensions is also a form of

emotional work. Consistent with Lipsky's Steet-Level Bureaucracy theoretical framework, we see evidence of how work conditions generate contradictory tensions for safeguarding practitioners with limited resources to meet the job demands. However, the core assumption of Lipsky's approach is that practitioners develop routines of practice to make mass client processing easier, which goes against the findings I have put forward in this chapter. Even though I make the case for understanding raised thresholds as an example of rationing, my findings indicate coping can involve taking on additional responsibilities and workloads, for example, through holding.

To understand the logic of taking on more work in response to tensions, it is necessary to account for the other two factors contributing to the tension practitioners experience: multi-agency dynamics and safeguarding knowledge. In situations where practitioners' understanding of the safeguarding needs of a child conflicts with the availability of resources in the multi-agency network, responses such as holding make sense. This is a theme I will explore further in the following chapter, where I focus on participants' knowledge about the importance of seeing children.

Chapter 6   When Children "Go Off the Radar": Coping with Disruptions to Seeing during COVID-19

The 'map' for understanding tensions and coping in safeguarding offered in chapter four summarised how tensions, which I understand to be interdependent but contradictory conflicts, arise from the core components of safeguarding work through the interplay of working conditions, multi-agency dynamics and safeguarding knowledge. The framework also indicated some of the mechanisms by which practitioners working in different agencies coped with these tensions and posited that exposure to tensions – in a sense, not managing them – may contribute to mental distress and burnout of practitioners. The last chapter added contextual detail to this outline by focusing on the tensions and coping responses associated with working conditions constrained by resource limitations connected with the 'austerity' era. I evidenced how different agencies associated such conditions with an increase in responsibility and workload, generating tensions between workload pressures and available resources. I also evidenced the knock-on impacts of resource limitations for multi-agency working arrangements, including the 'battles' taking place between practitioners over the provision of resources, including thresholds for specialist service involvement.

The aim of this chapter is similar to the previous one: I seek to add depth to the findings already presented by elaborating on the contextual details. In this chapter, I use disruptions to seeing children during the pandemic as a focal point for exploring tensions and coping. The main question of the chapter is, therefore, "Why do disruptions to seeing generate tensions for children's safeguarding practitioners, and how did safeguarding practitioners manage tensions arising from disruptions to seeing children during COVID-19?". The main argument of this chapter is that the disruptions of the pandemic reveal important assumptions about the safeguarding importance of seeing children that directly contributed to tensions experienced during the pandemic, including conflict between agencies. Furthermore, I argue that the disruptions of the pandemic also reveal coping mechanisms practitioners used prior to COVID-19 to reassure themselves in situations of uncertainty, giving insight into previously hidden coping processes.

I will begin by introducing this theme that disruptions to seeing children during the pandemic generated tensions for practitioners, and I briefly describe the features contributing to this tension. I will then introduce the structure for the rest of the chapter, which provides an in-depth analysis of why visual contact was considered so important for safeguarding children. As all the findings relate to experiences during the pandemic, all the extracts and participants mentioned in

this chapter were only involved in the second stage of the study. However, I specify the role and nature of involvement in the research where participants are named.

6.1 Disruptions to Seeing During COVID-19

> Interviewer: Have you had any worries or concerns during this period for any of the pupils you would normally work with? Yeah? What kind of things have been coming up?
>
> Respondent: Basically, falling off… just going off the radar, really. Either not submitting any work whatsoever, not responding to my emails, parents not answering the phone calls, things like that. Them not giving me the reassurance that they are okay, and they are dealing with this okay. […] It's that hoping that what I am doing is enough. If you know what I mean? That the contact I am making and the information I am passing on is actually being dealt with, whereas normally in school, I'd be able to just ask them, "are you ok?" or if I don't get any response go and speak to someone face to face. Whereas now it's just really difficult.
>
> **Coco, secondary school teacher, initial interview for stage two**

This opening extract from Coco highlights the significance given to in-person contact by participants of the study, with children "going off the radar" understood as synonymous with risk itself. When asked about her worries or concerns for pupils, she did not respond with specific risks or issues, but rather the overall concern of pupils going off the radar. The extract also captures an important dynamic between seeing children and managing tensions. As Coco explained, in the pre-pandemic context, she felt she had more ability to seek reassurance regarding a child's wellbeing or safety than when working remotely.

Barriers to physically seeing children were a central issue identified by participants in stage two and related to a concern about whether the associated disruptions of COVID-19, including service closures and remote working, had resulted in children 'going off the radar' and becoming 'invisible' to professionals. I identified many tensions in accounts linked to this theme of seeing children, and at the heart of these tensions was a conflict caused by participants not knowing if or which children or young people were coming to harm. This was exacerbated by participants being unable to carry out usual mechanisms of providing reassurances around child safety. On top of this, knowing that the pandemic equally disrupted other agencies meant practitioners could not necessarily rely on other agencies seeing children either. Consequently, participants experienced a great deal of uncertainty and elevated concern, especially as reports of a rise in the 'toxic trio' of

domestic abuse, mental health and substantial misuse hit the headlines. Some participants described lying awake at night, worrying about children.

As with the pre-pandemic context, the interplay of working conditions, multi-agency dynamics and safeguarding knowledge contributed to and generated these tensions relating to being unable to see children. Regarding working conditions, the pandemic and associated measures placed significant restrictions on how work could be carried out and mediated interactions with children and families at different stages. Prior to the pandemic, ethnographic research found that seeing children in the family home was the "taken for granted way" most child protection work was done (Ferguson, Kelly and Pink, 2022, p. 7), and home visits were a core activity of both health visiting and social work (Saltiel and Lakey, 2019). During the first UK lockdown, I found most in-person visits from health and social care shifted to remote forms, with in-person visits reserved for cases assessed to be the highest risk and, in those circumstances, limited to 15 minutes with personal protective equipment (PPE). Meanwhile, schools closed to most pupils, except for key workers' children and those considered vulnerable. Even then, as few as 5% of vulnerable children took up school places during the first UK lockdown (Weale, 2020).

These restraints on direct work with children contributed to increased concerns of children going off the radar or becoming invisible. To expand on this radar metaphor, children were considered by participants to be out of range for monitoring if they no longer attended universal settings such as schools. Additionally, the effective tracking of children was understood by some participants as compromised because remote monitoring mechanisms such as video and phone calls were not considered accurate enough to effectively identify risk in the same way as a home or in-person visit would. Therefore, working conditions during the pandemic significantly constrained the ability of practitioners involved in safeguarding to carry out tasks that they believed to be important for identifying children at risk and monitoring the well-being of children and young people. In many cases, these tasks involved in-person observation of children.

Multi-agency dynamics were also affected by different agencies adopting distinct approaches to managing COVID-19 risk and implementing separate organisational approaches. Like with the closure of services because of austerity, this affected the functionality of the multi-agency network as some services closed entirely with workers furloughed, others operating in a hybrid form and others shifting entirely to remote operation. In spite of this, many agencies reported better joint working during COVID-19, a finding supported by Jenny Driscoll and colleagues (2021) in their survey of child protection professionals, with 56% of respondents considering that the working relationships had improved because of adaptations introduced because of the pandemic. However, their research also found clear discrepancies between some agencies, with schools less

positive than other agencies about joint working. For example, social care reported that joint working with schools had improved but schools were more likely to report a deterioration in working relationships. My findings aligned with this, and I will return to this conflict in the latter part of this chapter, concluding that conflict around who is responsible for seeing children is a crucial feature.

Safeguarding knowledge and values were the key component in most of the tensions around seeing children. I focused significant analytic attention on understanding why visual contact was held in such high regard by practitioners involved in safeguarding. I found that participant accounts of tensions around seeing reveal underlining, pre-pandemic assumptions about the relationship between visual contact with children and risk, which I define as examples of safeguarding knowledge. These underlining assumptions provide an important insight into the internalisation of knowledge relating to risk and harm as well as coping processes. I argue that seeing children is a mechanism that practitioners use to reassure themselves in situations of uncertainty, and the disruptions to seeing triggered by the pandemic provide insight into this.

The notion that the pandemic disrupted usual mechanisms of providing reassurances around safety is something I will explore throughout this chapter, and that I argue is critical for understanding mechanisms of coping. For example, I found that participants, especially those with significant role flexibility and professional discretion, quickly established new means of providing assurance of safety despite disruptions to seeing children during the pandemic. However, for some participants, such as Coco, the disruptions to normal coping mechanisms resulted in increased exposure to risk tensions because they were unable to find alternative mechanisms of providing "reassurance that they are okay", resulting in increased mental distress and anxiety.

6.1.1　　　Structure of the chapter

For the rest of the chapter, I focus on safeguarding knowledge through three sections. Firstly, I introduce the four assumptions or 'knowledges' of the importance of seeing, and I will define each knowledge claim, explore its key dimensions, and give examples of participants using this knowledge. I will then provide some examples of coping associated with the knowledge claim, exploring situations where disruptions to seeing were successfully managed by participants and cases where this did not happen, meaning participants were exposed to greater conflict and tension.

I then explore the basis for these knowledge claims, finding official discourses, professional experiences and serious case reviews as the primary sources of knowledge on seeing children. I

discuss these assumptions considering findings from current research, and I conclude that participants in the study had internalised a narrow understanding of the importance of visual contact, which may overemphasise the visual at the expense of other factors.

In the final section of the chapter, I attend to the multi-agency dynamics of seeing, addressing findings related to the conflict between agencies that link to the question of who is responsible for seeing children. Here, I found many similarities with the pre-pandemic context, including various knock-on effects of perceived dysfunctionalities in one part of the network on practitioners operating in other areas. I focus on a conflict between schools and social care to demonstrate how frustrations between agencies emerged despite participants from both agencies recognising and valuing the importance of a multi-agency network to provide the different roles that collectively keep children safe.

6.2   Safeguarding Knowledge: The Importance of Child (In)visibility

In this section, I will describe these assumptions around the importance of seeing children in more depth by exploring in turn the four safeguarding knowledges I identified in participant accounts, which I labelled 'seeing as monitoring', 'seeing as protective', 'seeing as a test of risk' and 'seeing as safety'. I will also explain how the underlying assumptions help understand some of the coping mentalities and behaviours practitioners use to manage tensions. I did not find a strong association between a particular safeguarding knowledge and an agency or profession, and most participants drew on multiple claims during their involvement with the study. However, I did identify differences around whether safeguarding knowledge generated tensions. For example, some participants made a particular claim on the importance of seeing and subsequently explained how they managed to continue seeing children during the pandemic. In such cases, though disruptions had the potential to generate tensions, this was avoided. In other circumstances, practitioners were unable to resolve the tension between their knowledge of the importance of seeing children and working conditions constricting their ability to do this, exposing them to tensions.

6.2.1   Seeing as monitoring

The first knowledge is based on participant understandings that visual observation of children is the most effective means of assessing and monitoring their risk of harm. Participants who drew on this knowledge emphasised the importance of good observational skills along with the ability of practitioners to pick up on "cues" and other non-verbal indicators of abuse, harm or potential risks. Therefore, the conditions described above disrupted practitioners' ability to monitor and

assess for risk in the usual way, generating concern around children's safety. These findings are supported by the research of Jenny Driscoll and colleagues (2021). The professionals they surveyed had high levels of anxiety about the extent to which remote communications inhibited accurate assessment of risk, with 97% concerned about being unable to use all the senses to pick up non-verbal cues and 95% concerned about not knowing who else is in the room.

An important feature of this knowledge base is the understanding that risk is dynamic and fluid, not static. Consequently, participants understood that new circumstances could be a catalyst for children coming to harm at any point, underlining the importance of consistent monitoring for signs and indicators of harm that would change the level of risk. This assumption about fluidity added to the intensification of risk-related concerns during COVID-19, when rapid changes in child and family circumstances were seen by some participants to have made existing risk judgements and management plans void.

Two examples of participants drawing from a seeing as monitoring knowledge base are Hannah, a health visitor, and Kim, a secondary school teacher.

> One of the biggest skills that we have or tools that we have is our observational skills and you really get that when you go to someone's home, you see how someone is coping, you see how their relationship dynamics are, you see who else is in the house and what the state of the house is and these things I really feel are missing.

Hannah, health visitor, initial interview

> You do get disclosures, but the main safeguarding role of the classroom teacher is what do you see changing? Do you notice any marks? That may either be physical abuse or might be self-harming – which is a massive one that we have – self-harm and this sort of thing. Or behaviour that is unusual? Either for that particular student or very much out of the realm of their age? And so, for instance young students who are acting overly sexualised, this sort of thing. So, all of those sorts of things you can't really do any more, they aren't a thing because you can't see them.

Kim, secondary school teacher, initial interview

The extracts show a shared underlying assumption that visual observation is critical for identifying and assessing risk. Additionally, both conclude that barriers to seeing were the main problem affecting their ability to safeguard during the pandemic. The extracts also show that normative practice arrangements impacted which features of seeing were considered important for effective monitoring and assessing. For example, as a health visitor, Hannah highlighted the importance of

seeing home circumstances, while Kim underscored the importance of changes seen by the teacher in a classroom setting.

There was evidence of participants from across agencies drawing on seeing as monitoring assumptions. However, there was significantly less tension or conflict in some accounts than others, and I concluded this was directly related to the extent to which participants had been able to cope with or manage exposure to the (potential) tension. For example, some participants used the coping mechanism of displacement to effectively shift responsibility to other agencies such as the police to do welfare checks on their behalf. Participants also engaged in extensive problem solving to identify how lockdown restrictions could be circumvented to enable opportunities for seeing and monitoring. For example, in the extract below, Mabel, a family liaison officer for a primary school, discusses how the team used food delivery as an opportunity for monitoring.

> So, we have a few families who are notoriously difficult to reach, so we don't ring in advance, we go and knock on the door with five bags of food. Like we have one family who have got nine children, on and off social care all the time. We've been very worried about them. So, we took around five bags of food, we went and knocked on the door. And the other interesting thing you can see from that […] you go and knock on the door and see how many vodka bottles are in their recycling bin and then just immediately that raises a little concern for us we can then monitor.

Initial interview with Mabel, family liaison officer, May 2020

As food delivery was permitted under lockdown restrictions and many schools were involved with the distribution of food parcels, Mabel was able to use food delivery as an opportunity to re-establish monitoring. Of course, door visits are not the same as school-based monitoring; however, for Mabel, the encounter provided sufficient opportunity for monitoring that she was reassured a suitable alternative had been found. Therefore, the delivery of food can be understood as an example of a successful coping behaviour supporting a problem-solving mentality.

This was not the case for all participants, including other schools. For example, Kim, already referenced above, disagreed that phone calls home were sufficient because "it is very easy for people to fake it and say everything is fine". She believed there could be "massive things" that professionals do not know about. Meanwhile, Bryony, a child protection social worker who left just as the pandemic unfolded, was sceptical about the ability of school staff to adequately assess for risk during doorstop visits because, in her view, they are not adequately trained in dealing with deception in the way social workers are. These participants appeared to have greater

exposure to risk uncertainty, exacerbated by this disruption to visual monitoring. For example, health visitor Poppy expressed "real fear" about a serious case review happening because of the impact of COVID-19, stating "that is one of my biggest fears, that something is going to be missed 'cause there's so much is hidden because we're not going to people's homes and we're not seeing families face to face".

Participants who drew on monitoring assumptions and were not satisfied with adaptations were more critical of remote communications and were least likely to embrace alternative remote measures in the long run. While these participants accepted the need for some remote delivery during lockdown periods, they hoped for a return to full, normal in-person practice. Education and health participants were more likely than other agencies to express these views and were also more dissatisfied by other agency responses, particularly social care, as they projected an understanding that any assessments carried out virtually or remotely during COVID-19 would be significantly limited or flawed. This is also reflected by Driscoll et al.'s (2021) survey findings, which indicated that education and health respondents were consistently more likely than other agencies to consider that more in-person contact should have been used during the lockdown and were more likely to find remote communication problematic. Later in the section on multi-agency dynamics, I will return to this tension, exploring the conflict over responsibilities for seeing children during the pandemic.

6.2.2   Seeing as a protective factor

The second safeguarding knowledge claim assumes that visual contact between professionals and children reduces or mitigates negative impacts of inadequate or concerning circumstances. Therefore, unlike the seeing as monitoring formulation, where seeing is an indirect strategy used as a method of establishing risk, those drawing on protective knowledge claims saw a direct relationship between seeing children and risk reduction. Similarly to seeing as monitoring, the nature of protective factors identified by participants differentiated according to the normative, pre-pandemic practices with a range of social, emotional and physical factors identified as protective. For example, having a proper meal at school was commonly cited as a protective factor mitigating against child neglect. Additionally, having positive interactions with safe adults who were also potentially role models for behaviour was given as a protective factor from emotional abuse, including domestic abuse. The capacity for protective contact with children was constrained by working conditions imposed during the lockdown, such as service closures, social distancing and PPE, which restricted how children were engaged with in the later stages of the study period.

A specific example of how seeing children was considered protective was offered in the extract below from Bryony, a child protection social worker. Before the pandemic, Bryony picked up many cases relating to non-accidental injuries triaged by Accident and Emergency departments. She was concerned that fewer people were seeking emergency treatment during the first lockdown and speculated that parents were not taking children because health visitors were not seeing them. She said:

> A lot of families will take children to hospital knowing that a health visitor would see that child anyway, you know what I mean? So, if health visitors aren't seeing children, then negative parents are going to think I can get away with this because no one is going to see my child physically, so I will just keep them at home.

Initial interview with Bryony, child protection social worker

Therefore, Bryony understood health visitors as playing a protective role by regularly seeing children, regardless of whether the health visitor spotted any signs of harm in those visits or not, based on the understanding that regular visual contact prompts parents to get medical attention for their children in cases of non-accidental injuries.

Participants from various agencies drew on this knowledge. Mabel, a family liaison officer for a large primary school, stated, "we *know* we are a huge protective factor for our children" [her emphasis]. What was common in accounts was that universal services – in general, but particularly in settings such as education, early years and youth services – were considered by participants as essential protective settings that offered positive experiences for children or young people they otherwise would not have. These services were also understood as a protective factor for parents, offering places they could talk, get help or advice, or have a break from childcare responsibilities. Given that many of these universal services were closed or offered significantly reduced in-person provision at different points in the pandemic, participants from various agencies were concerned that children would come to increased harm as a result.

For example, Daisy, a CAMHS practitioner and Naomi, an independent domestic violence advocate, described the value of the multi-agency network, which in the pre-pandemic context acted as a protective factor for children they worked with.

> I mean there was one family where I really felt we had made lots of progress and one of the children had three different support workers ranging from [rape crisis charity] to [youth service] to then somebody from within the council. They had social workers, they had schools' eyes on them… they had all these people to suddenly nothing and I think

that was for me where I was like "God, we've done all this work to try and put in all these safety protective factors and that's gone".

Naomi, independent domestic violence advocate, initial interview

So in some ways, those families with young people who maybe rely heavily on the support of other agencies, where that support isn't there, or even, not necessarily like safeguarding and social care but even just like youth groups and extracurricular things that would normally just hold that person and make life that bit more enjoyable and fun, when that is gone, are they able to emotionally regulate and have that safe place and things?

Daisy, CAMHS practitioner, second wave interview

As with seeing as monitoring, seeking opportunities to problem-solve was one way participants drew from seeing as protective assumptions managed the tension generated by disruptions to seeing during COVID-19. For example, Linda, a safeguarding lead for a primary school, explained how early in the first lockdown she realised that no longer having access to a free breakfast at school might mean some children were now going hungry. In response, she set up a breakfast delivery service, dropping off cereals and long-life milk to the pupils who usually benefited from attending breakfast club. She explained that through this contact with families, she identified a "real need" for food in general, so the trust she worked for fundraised and established a food bank for the first six months of the pandemic. Critically, unlike for Mabel, the delivery of food was not used as an opportunity for monitoring risk but instead for meeting need, ensuring pupils who previously benefited from free school meals had food at home.

However, many participants did not find effective practical adaptations that enabled seeing for protective means to continue. Instead, these participants engaged in coping mentalities, which I conceptualise as a means of avoiding exposure to the realisation that this wider protective role of safeguarding was not being fulfilled and the tension this had the potential to generate. Often this was through the mechanisms of reframing and distraction. For example, immediately following the extract above offered by Daisy, she switched to talking about some of the more positive consequences of COVID-19, emphasising the greater role played by parents as a whole and, in particular, the protective role that parents played during the lockdown by being the "eyes" on young people with high-risk mental-health needs on behalf of professionals. Thus, she distracted herself from what was not provided by focusing instead on what was being done.

6.2.3   Seeing as a proxy for risk

The third knowledge claim draws on the understanding that non-attendance or engagement with professionals is a risk indicator. For example, these participants flagged that not being allowed to see children or children failing to attend appointments or school is a cause for significant concern. Therefore, for these participants seeing children becomes a 'test' of risk, with being unable to see a child an indicator of increased risk and establishing visual contact a sign of lower risk.

COVID-19 upended established tests of engagement and visibility. For example, some children had no visual contact with professionals at all during the first lockdown, which would be a significant concern for those equating lack of contact with high risk in normal circumstances. However, for the majority, this was because they did not qualify for a school or nursery place or statutory home visits, not out of parental disengagement or non-compliance. Additionally, poor engagement with online resources or learning was recognised as not being a like-for-like equivalent to not attending school, so translating old guidance to the online context was problematic and confusing.

One participant who drew heavily from this knowledge base was Carly, a nursery manager at a non-profit children's centre. In the extract below, she explains her team had concerns for children that they had not seen, and later in the extract, she explains that not being able to see a child is one of the first signs that something is wrong.

> There were some children that we were really concerned about who we hadn't seen at all during the lockdown, so what I did was, because we have a learning journey for the children which have all their photographs in, I got in touch with all the all the parents and said "well, you know this is part of their learning journey, the fact that they are in lockdown, so we want to come round and take photos of them by the door", and that was a stroke of genius 'cause we got most of the children, and we got to see them all, and that was really reassuring because one of the first signs, if there's something wrong, is not being able to see a child […] so that was really good.

Carly, nursery manager at a non-profit children's centre, second-wave interview

The extract also captures the coping strategy used by the team to manage this tension around seeing, with Carly creatively using the learning journey as a justification for seeing each child. This could also be conceptualised as a problem-solving mentality and appeared effective because, as Carly describes, establishing visual contact with the children provided reassurance. Whether these doorstop visits actually constitute a sign of safety is a different question. For Carly, seeing the children meant uncertainty about if the children were coming to harm was kept at bay.

However, other participants were less satisfied with the measures implemented to test for risk. For example, Susan, a headteacher and safeguarding lead, described the problems translating old attendance monitoring to the new home learning arrangements. The extract below explains the alternative policy she implemented, in which the school decided to generate a cause for concern if three contact attempts had been unsuccessful. However, as her extract outlines, she sought reassurance from the local authority that this was a suitable adaptation and was dissatisfied with the outcome, indicating she was not confident that alternative tests for risk had been put in place.

> There is no guidance… it doesn't say "if you haven't heard from a child in two weeks you need to ring" whereas with our normal attendance procedures day three we do a home visit and that is very clear, it's in the national procedures. Day three you do a home visit if you haven't heard from a child. So, we've shifted that to if you haven't had contact for three attempts. Whether that's email, phone, through the blog, then that would generate a cause for concern. […] We messaged the local authority and said, "this is what we are doing, are you happy with this?" and they basically said, "it's up to you". […] We wanted some guidance and we wanted to know "is this okay?" that's what we wanted, we wanted some reassurance – is this okay? And the email we got from local authority was "do what you think is right".

Susan, headteacher and safeguarding lead for a primary school, initial first-wave interview

Later in the study period, the idea of parents using the "cover of the pandemic" to avoid professional scrutiny (health visitor Poppy's words) was a key concern of participants, with parents described as exaggerating health anxieties around COVID to avoid contact or faking symptoms to trigger isolation periods. This was also a source of tension between agencies, based on whether practitioners believed the parent or not, as previously discussed concerning the extract from Poppy. She was unable to establish in-person contact and could not convince the social worker of her view that the parent was deliberately manipulating the social worker to avoid contact. In response, Poppy engaged in what I defined as a mentality of mitigation, ensuring she documented everything she had done to avoid exposure to liability should the case escalate further. Key is that I interpreted mitigation as a strategy of easing the potential emotional impact of a child subsequently coming to harm, not only of avoiding professional accountability later. Participants having felt they had done all they could and had done everything right was perceived to offer some comfort or subsequent reassurance if the worst happened. For example, Poppy was extremely fearful of a serious case review happening because of the pandemic and the emotional

impact such an incident would have on her. As I discuss later, this informed some of her justification for the importance of seeing children.

6.2.4   Seeing as safe right now

The final knowledge claim is based on an ontological assumption that visually seeing children means they are currently safe. Consequently, establishing visual contact with the child reassured participants that children were physically safe for the period they were in the visual contact. As children spent extended periods during lockdowns in unregulated spaces unobserved by professionals, the understanding was that there was more opportunity for them to come to harm than when a child spent extended periods at school, breakfast clubs and in other regulated spaces. While in many ways this knowledge establishes a short-term relationship between visibility and risk, it was clear that for many participants, these opportunities for visual contact with children provided peace of mind that children were okay or, at least, "okay enough" (as Kim, a secondary school teacher, put it).

Understandably, this knowledge overlapped the most with other formulations. For example, all visual contact reassured practitioners that children appeared safe at the point of contact regardless of whether practitioners hoped the visual contact would also be protective, an opportunity for assessment, or a test of risk. However, some participants did emphasise seeing as a means of safety itself. For these practitioners, the reopening of universal services, in particular schools and breakfast clubs, after-school clubs and other activities, was seen as critical to providing a safe space for children. Part of the logic seemed to be that the more time a child is in a safe place, the less opportunity there is to come to harm. For example, Leon, a child protection social worker who was pushing for more children to attend school and for schools to be open:

> For some children, school is the only safe place and I know that is quite sad, but that is
> the situation, unfortunately, that they are safer at school. Some of them are only being
> fed normally when they are at school, for example.

Initial interview with Leon, child protection social worker

While there is some overlap in Leon's extract with the seeing as protective understandings, the fundamental difference was that Leon and others drawing from seeing as safety did not expect that the visual contact itself would reduce risk. Instead, visual contact ensured safety while other interventions and assessments could be put in place to provide long-term solutions. This was based on the understanding that even if children are known to be at risk of harm, knowing they are spending a proportion of the day in the safety of others reduces the time in which children are

likely to come to that harm. In that sense, being in safe places under professionals' observation gives practitioners such as social workers the time needed to carry out other interventions to reduce risk or put longer-term support in place.

I found that participants who drew on seeing as safety knowledge claims used many of the coping mechanisms already outlined in this chapter, including problem-solving by finding opportunities to circumvent social distancing restrictions to enable visual contact. An additional strategy used was putting forward or arguing the case; in other words, engaging in work to advocate for and convince other agencies of the perceived need, for example, of a school place. Later in his initial interview, Leon explained, "I advocate for more children to be in school because of – especially child protection related cases – because I know school is the only safe place for them". Similarly, Shirley, a learning support assistant for a private preparatory school, explained her colleagues refused a school place to a child she felt needed to be in school. She explained how she managed to get an outside agency involved, asking them to contact her colleagues in the school and recommend the child had a place. They did this, and eventually the child got a place. Therefore, Shirley used her informal network to support her case for why the child should be in school.

6.3   Justifying the Importance of Seeing

I have explained the main differences between the four safeguarding knowledges I identified as being associated with the importance of seeing children. I have also given examples of how practitioners appeared to cope with or manage a potential tension between their knowledge of the importance of seeing children and the disruptions to seeing arising out of working conditions during the pandemic. In this section, I want to briefly discuss the justifications made by participants to support the claims they made on the importance of seeing children, and whether these claims are supported by academic research. As I stated in chapter two, it is important to consider how specific constructions have come to dominate practice as it can help expose competing interests operating in a specific setting.

Overall, official discourses and professional experience appeared to be the primary justification used by participants to support their claims on seeing, with some evidence that high-profile serious case reviews were also a source of knowledge. Official discourses were justifications that I interpreted as aligning with organisational policy or statutory guidance. Participants offered these justifications as neutral statements of fact such as Carly asserting that "one of the first signs, if there is something wrong, is not being able to see a child" or Hannah claiming, "one of the biggest skills that we have or tools that we have is our observational skills". Though these claims are likely reinforced and shaped by their professional experiences, these participants did not directly draw

on that experience to justify the claim made, only to evidence that not seeing was causing them issues. In comparison, other participants drew more overtly from professional experiences to make their knowledge claims. For example, Mabel asserts, "we *know* we are a protective factor for our children" (her emphasis) or Leon claims, "I *know* school is the only safe place for them" (added emphasis). Participants drew from previous case experiences to justify their statements in both cases. Therefore, participants drew on both formal and tactic knowledge to justify their claims about the importance of seeing.

Another source of evidence that participants seemed to draw from was serious case reviews, which are partially formal knowledge yet also informed by the wider media interpretation of some of these cases. As an example, I previously discussed the fear that Poppy had over a serious case review happening because children were not seen during the pandemic. Serious case reviews were established under the Children Act (2004) to establish lessons from cases where a child has died or come to serious harm because of suspected abuse or neglect. Analysis of serious case reviews has identified an overarching theme of children being 'lost', 'missing' or 'invisible' (Brandon et al, 2012). These reviews may therefore contribute to these participant narratives on invisibility. However, since serious case reviews also intermittently attract high-profile public interest and intense public scrutiny through media coverage, participants could also have drawn from how these popular discourses played out in the mainstream media and not case review findings themselves. This reflects the findings of Chivers (2018) that practitioners develop understandings of risk from broader media-based discussions (in her research, discussions around radicalisation). This is a finding shared by Warner (2006), who found practitioners' understandings of risk were configured by numerous 'texts', with media interpretations of policy found to shape professional practice.

However, existing research has identified many problems with using serious cases, especially high-profile cases, as an evidence base, as I discussed in chapter two. Researchers such as Marian Brandon and Peter Sidebotham, who were responsible for producing biannual reviews of serious case review findings in the mid to late 2000s have since been critical of how case review findings have been narrowly adopted as cause and effect (see Sidebotham, 2019). This is because there will be cases where all the risk factors are present, yet children are well cared for and thriving, and other cases where no risk factors are present and yet children still come to harm. Therefore, examining any serious case retrospectively can be problematic.

Many of the factors identified as contributing to the harm will also have been present in cases where things went well (Littlechild, 2008). As Frost and Dolan (2021, p. 499) explain, high profile cases tend to be those where there is a sense of something having "gone wrong", and this

perpetuates a "scandal led" method of policymaking. They argue high profile cases are not representative or evidence-based, and they do not even represent the worst or more severe cases, merely those that have hit the headlines. Frost and Dolan are further critical of the blame culture that has emerged from the "things have gone wrong form of policy making" because safeguarding is "a complex, multi-disciplinary process where outcomes cannot be easily predicted" (2021, p.500). Therefore, while systematic reviews and high-profile coverage of cases may establish an association between practitioners not seeing children and a child coming to harm, it is too simplistic to conclude that child invisibility was the cause and, conversely, had the child been visible a different outcome would have happened.

Furthermore, Harry Fergusson (2017) has shown that the invisibility of children within a risk assessment process is not related to whether that child is physically seen but rather the extent to which the child is meaningfully engaged with. He concludes that the emphasis on invisibility is problematic because it could be "taken to imply that the goal of good practice should be its opposite, making children *visible*" (Fergusson, 2017, p.1012 [original emphasis]). Indeed, many research articles which use the language of visibility emphasise the importance of keeping the child in view in a wider sense, understood as meaningful engagement with children. For example, in their article Child Visibility in Cases of Chronic Neglect, Horwath and Tarr (2015) synonymise visibility with child-centred practice, discussing how the failure to focus on a child is due to issues such as a narrow interpretation of identity, superficial engagement by professionals and interventions considered in isolation, not because of lack of visual contact itself. This does not mean researchers do not think physically seeing children is important. Rather, research indicates a difference between meaningfully engaging with a child, using all the available senses to formulate an assessment of risk and need, and a narrow focus on making sure children have physically been seen.

Yet despite research adopting this wider understanding of visibility, the participants in this research drew on a much narrower focus on physically having "eyes" on children. There are significant ramifications of this. For example, the National Review of Child Protection (Child Safeguarding Practice Review Panel, 2022), tasked with investigating lessons from the murders of Arthur Labinjo Hughes and Star Hobson, details how both children were physically seen. However, it concludes that not enough direct work was done with them, meaning their voice was not heard, and professionals did not understand what their daily lives were like. If keeping children safe requires more meaningful engagement with children, the narrower interpretation of what seeing means that I have evidenced in this thesis is a barrier to effective safeguarding. Given the significance of these knowledge claims and, as I will subsequently explore, the importance of these claims on multi-agency working, further research exploring the discourses associated with

seeing children is much needed. There is existing research on discourses of complexity in child protection planning (see Hood, 2016), but, to my knowledge, there is little literature critically exploring discourses associated with child invisibility used by front-line practitioners. Such a study would be extremely useful to understand where this knowledge at the frontline comes from, how it is reinforced by other actors and its consequences for practitioners and safeguarding practice as a whole.

My thesis can contribute to this by evidencing how seeing children has become a coping mechanism to manage uncertainty. I have posited that managing exposure to tensions is important because tensions are experienced as anxiety and stress, so managing exposure is a means of coping with these negative emotions. As this chapter has outlined, tensions generated by being unable to see children triggered considerable anxiety for practitioners. In each of the four identified knowledge claims, I discuss how seeing provides reassurance to the practitioner. In that sense, seeing itself can be understood as a coping mechanism that reduces feelings of anxiety and stress generated by the uncertainty of not knowing if children are safe. Such practices around seeing were operationalised before the pandemic; it is merely because of the disruptions of COVID-19 and the resulting attempts of participants to re-establish visual contact that the tension can be seen.

6.4   Multi-Agency Dynamics: Who is Responsible for Seeing?

In the opening part of this chapter, I introduced the general tension associated with not seeing children and described how this was found to arise out of a combination of working conditions constraining visual contact, participant knowledge on the importance of visual contact and multi-agency dynamics. Having explored the safeguarding knowledges held by participants, I now turn to the multi-agency dynamics, which, as in the pre-pandemic context, were a significant component in the tensions experienced by practitioners. This was despite participants reporting that multi-agency working had improved during the pandemic due to increased availability of practitioners when home working and an overall heightened awareness of escalated risks when families were in lockdown together. Despite this reported ease of working, multi-agency dynamics nevertheless contributed to frustrations and tensions, primarily because of a perception that other agencies or other practitioners in the same agency were not doing enough to see children during the pandemic. Here, we see similarities with how the conflict between agencies played out in the pre-pandemic context. For example, like in the pre-pandemic context, participants outside of statutory safeguarding services expressed frustration that social workers were not supporting children and families enough. However, now the primary argument used was that social workers

were not doing enough to physically see families. Consequently, these participants from early help services felt an increased responsibility to monitor these families for risk indicators.

This conflict around responsibility for seeing is better understood by comparing the knowledge claims of participants with the roles they assigned to each agency. I found that participants had developed working frameworks for who was responsible for different types of seeing, assigning a knowledge claim to the roles of other agencies. When other agencies were deemed unable to fulfil their assigned role, primarily because working conditions during the pandemic constrained this, tensions arose. Conflict also arose where practitioners from different agencies disagreed on their responsibility for seeing or where one agency felt they were taking on an unfair or disproportionate responsibility compared with others.

As already mentioned, health and education participants were particularly critical of social care not making enough in-person visits during the pandemic, and this was because these participants assigned a monitoring and assessment role to social care. Hence they were concerned by the limitations of virtual assessment by social workers based on seeing as monitoring related assumptions already described. The social workers interviewed were mainly in agreement that theirs is a monitoring role. However, those social workers interviewed who had the experience of remote working were satisfied that they had found alternative, innovative and creative ways to keep open lines of communication with children that enabled them to monitor their wellbeing and build positive relationships. They were also keen to stress that they were still visiting children considered at the highest risk. In other words, there was an agreement across practitioners regarding social workers' role in assessing risk, but disagreement on the importance of in-person observation and visibility for assessments.

Interestingly, the two former social workers interviewed who did not directly experience remote delivery during the pandemic gave greater emphasis to the importance of seeing for assessment than those who did. These participants expressed many of the same beliefs about the importance of seeing children for effective monitoring as those from schools and health. They struggled to understand how the limited in-person visitation would not be affecting the quality of assessments. Bryony, who came to the end of her agency working in the first few weeks of the pandemic, argued that even a 15 minute in-person visit with PPE was "not good enough". Meanwhile Ned expressed, with concern and exasperation, "I have seen the child more than the social worker and this child is at risk of death". This reinforces the idea that professional experience shapes practitioners' views on the importance of seeing because those who did not have direct experience of remote working were more critical of video visits than those who did.

On the flip side, practicing social workers' concerns related to universal service closures drew on seeing as safety and seeing as protective knowledge assumptions. As with the pre-pandemic context, service closures reduced the support networks available to families. However, unlike the pre-pandemic context, service closures did not increase workload and responsibility on social workers in the same way, mainly because one effect of the pandemic was referrals to safeguarding dropping significantly during the first lockdown, giving social workers time to "clear the backlog", as child protection social worker Leon put it. Still, in the long run, service disruptions meant social workers felt all they could do was assess risk, with no means to initiate interventions that would reduce it, such as through in-person drug and alcohol support. Additionally, social workers were concerned that children were spending less time in protective spaces such as school and more time in settings where they could be exposed to harmful practices. Therefore, social workers advocated for more children to be in school and promoted the positive role schools played by keeping in contact with children and families.

Within the school context, I found three conflicting understandings of the role of schools – and correspondingly the role of school workers – which formed the basis for inter-agency conflict as well as role conflict for individual practitioners. These three understandings were: school as childcare, where the primary function of school staff is to provide a childcare service for key workers' children; school as safety, where the primary function of schooling is to provide a safe place for vulnerable children; and school as learning, where the primary function is to educate children. During the pandemic, the directive for schools as a collective was to assume childcare alongside education functions, depending on the extent to which they were open for in-person teaching. Yet my research shows that practitioners from multiple agencies adopted and mobilised around school as safeguarding principles that privileged the safeguarding responsibilities of schools – for example, by advocating for the further opening of schools not from an educational perspective but based on welfare concerns. The importance of school as a protective and safe factor was also found by Driscoll et al. (2021), who concluded that their study highlights the "strength of feeling over the protective nature of school attendance" (p.13).

However, the short-term strategies adopted in line with school as safeguarding narratives proved a source of conflict during later stages in the research. By advocating for more pupils being in school and emphasising the critical role of schools in safeguarding, education workers felt social workers were putting increased responsibilities on schools for seeing children, and some school participants rejected this as their role entirely. Others appeared to resent the perceived unequal responsibility for safeguarding attributed to schools during the pandemic. The Driscoll et al. (2021) study also reflected this tension, finding 80% of respondents thought schools had taken on greater responsibilities for safeguarding because of the pandemic, and over half thought the role

should be retained. However, they found school staff were most likely to consider the greater responsibilities inappropriate, and qualitative comments in the survey indicate that schools were under extreme pressure during the lockdown.

The additional responsibilities taken on by schools could be conceptualised as a response to risk tension. Like in the pre-pandemic context, participants felt compelled to be carrying out work in the absence of statutory services. In the context of the pandemic, that meant taking on an increased monitoring role even when services were fully or partially closed. For example, I have previously mentioned how Mabel, a family liaison officer, was using food delivery as an opportunity to do regular home visits to monitor for risk, including counting how many vodka bottles were in the recycling. In the pre-pandemic context, taking on additional duties and responsibilities avoided tension exposure, but these actions generated new multi-agency tensions. The same was true during the pandemic. School-based workers felt they were taking on increased safeguarding responsibility at various points during the pandemic compared with other agencies, which was ultimately unsustainable and generated multi-agency tensions as well as role conflict. This issue of role conflict linked to conflicting responsibilities around safeguarding and seeing is explored in greater depth through the case study of James in the following chapter.

Overall, as with the findings in the pre-pandemic context, the findings show that practitioners recognised and valued the importance of a multi-agency network to provide the different roles that collectively keep children safe. Perceived dysfunctionalities in a part of the network, whether because of austerity policies or the pandemic, have a knock-on effect for participants operating in other areas. One such knock-on effect is that practitioners can experience heightened risk-related tensions even if the area of disruption does not relate directly to something for which the practitioner has responsibility. In other words, even if the practitioner and their agency are fulfilling their perceived role, concern that another agency is not fulfilling theirs still results in anxieties for practitioners. Responses to this, such as holding and taking on increased safeguarding responsibilities to plug gaps in provision, can generate new tensions between agencies, including conflict over agency remits and responsibilities.

6.5   Chapter Conclusion

In this chapter, I have used the theme of disruption to visual contact with children as a focal point to explore tensions and coping in multi-agency safeguarding work during the pandemic. Consistent with the map offered in chapter four, I have found tensions arising from an interplay of core features of safeguarding work, including working conditions, multi-agency dynamics and safeguarding knowledge. I evidenced how participant accounts of being unable to see children

during COVID-19 – an example of constrained working conditions – reveal underlying, pre-pandemic assumptions about the relationship between visual contact with children and risk, which I have characterised as four types. These underlying assumptions provide an important insight into the internalisation of knowledge relating to risk and harm, which inform and support practitioners' behaviours and approaches to multi-agency working. These assumptions also impacted practitioners' openness to the alternative forms of practice introduced in response to COVID-19 restrictions and are likely to underpin responses to post-COVID working arrangements.

I examined multi-agency dynamics associated with seeing children, exploring how conflict within and between agencies emerged despite participants reporting greater multi-agency working. As in the pre-pandemic context, I conclude such dynamics are essential for understanding the realities of delivery-level safeguarding work. Throughout the chapter, I have also expanded on findings related to practitioner coping, giving further examples of coping mechanisms used by research participants concerning tensions around seeing. I have further developed the argument that coping can be understood as preventing exposure to tensions related to children's safety. For example, I have discussed how in pre-pandemic contexts, the visibility of children was a form of reassurance in situations of uncertainty, and the absence of this exposed some participants to greater levels of risk uncertainty and tensions. In the final chapter, I will explore these findings through two case studies, in the process showing the interplay between individual-level coping and multi-agency dynamics over time.

Chapter 7   The Street View: Navigating Tensions in Everyday, Street-Level Safeguarding Work

This chapter concludes the presentation of the research findings. Each chapter has added a distinct perspective – 'or layer' – which I have illustrated by drawing on a cartographical metaphor. In chapter four, I presented a simplified map, a summary of the main framework for understanding tensions and coping in children's safeguarding, pulling together the key findings from the research. Next, in chapters five and six, we had the 'satellite view', a static snapshot of the terrain offering greater depth and detail. This chapter is the equivalent of turning on the 'street view' function by presenting two in-depth case studies of practitioners. The chapter aims to offer a perspective of the coping process as it is navigated and experienced by those who walk it daily.

So far, I have explained how various contradictory but interdependent tensions were generated for safeguarding practitioners working before and during the COVID-19 pandemic. I have also presented some strategies practitioners used in response to these tensions. Throughout, I have indicated that coping is partial, meaning tensions were not necessarily resolved but managed by practitioners and that managing tensions is an iterative and continual process. I found coping iterative because participants used multiple responses and applied lessons from previous coping experiences. I found coping to be continuous because coping responses contributed to further tensions, with various knock-on effects on coping mechanisms.

This chapter expands on this notion of coping as a partial, continuous and iterative process by attending to the third research question, asking, "How do practitioners' experiences of tensions in safeguarding practice and their responses to these change?". I present two case studies based on the experiences of two participants, James and Persephone. The purpose of these case studies is to explore the coping process in the context of everyday, street-level safeguarding work. In chapter three, I discussed how I selected and analysed the cases.

The chapter is structured in four parts. I begin with an introduction to the two cases, providing details about each participant's job role, involvement with the study and the aspect of their experience I focus on in their case study. Next, I examine each case, beginning with James in part two and Persephone in part three. In the final part of the chapter, I bring the two cases into discussion with each other, examining the parallels and differences between the two cases and drawing out the connections with the broader research themes and existing research.

7.1   Introducing the Cases

In qualitative research, a case study is an in-depth investigation of a social phenomenon within its real-life context (Yin, 2009). The two cases I present align with Stake's (1995) definition of an "instrumental" case study, as the purpose is to provide insight into the process of coping within the context of everyday safeguarding work. The case studies are also explanatory (Yin, 2009), given that we are asking 'how' and 'why' practitioner experiences of tensions change along with their responses. In contrast, an 'intrinsic' case study (as defined by Stake, 1995) would aim to fundamentally understand the case and a 'descriptive' case study (as defined by Yin, 2009) would describe the coping phenomenon in the context within which it occurred. Though I present each case as a stand-alone case, I also draw on Stake's definition of a 'multiple case study' by discussing the differences within and between the cases. The main difference is that I do not aim to replicate the findings of the case studies but discuss the connections between them and the existing findings I have presented.

7.1.1   James

While participating in this research, James was a secondary school teacher at a large school that operated as part of a multi-academy trust. He was a humanities subject head and took on a senior leadership role during the summer of 2020, becoming responsible for a key stage group. He started at the school in 2019, having been in "middle leadership roles" since 2016. James took part in an initial interview in June 2020 and recorded four audio diary entries between then and the end of August. His second interview was in December 2020 and was one of my first third-wave interviews. This was before the prospect of a second complete lockdown, including school closures, was widely foreseen.

James' account was selected as a case because of a reoccurring tension relating to the conflict between his teaching and safeguarding responsibilities. Before the pandemic, the extent of James' direct involvement with safeguarding processes was limited as there was a dedicated safeguarding team in the school and issues or concerns would be passed on to them. As I will explore in his case, the pandemic changed this. Consequently, James experienced new tensions as he grappled with addressing his teaching and safeguarding duties. Because James participated in all study waves, I had multiple data points to explore changes in how James experienced and responded to this role tension. His case, therefore, offers valuable insight into changes in how tensions manifest in everyday work and the coping process over time.

In James' case, what Stake (1995, p. 237) describes as "the product of our learning" – the writing up of this chapter – was very challenging. Finding the right balance between description and

analysis was demanding because there was a lot of relevant data. The transcripts of James' two interviews and four audio diaries comprised 41 pages (or 23,133 words) of material. Providing a meaningful summary which retained essential contextual information and where sufficient raw data was included, yet within the constraints of half a thesis chapter, was very difficult. Some of the extracts included have been abridged or summarised in places. For transparency, I have therefore decided to include unabridged extracts from James' interview in the appendix.

I present James' case chronologically in three parts, which I will summarise at the start of his case study. While each stage shows interesting features of tensions and coping, the overall conclusion of James' case is that the origins of the role tensions he experienced in the summer and autumn of 2020 were the new safeguarding responsibilities he took on in the spring of 2020. These responsibilities were initially adopted as short-term responses to the heightened safeguarding concerns about young people during lockdown, which featured in the previous chapter. However, they became an established feature of James' sense of best practice over time and also became expectations of agencies such as children's social care. I conclude the case study by discussing how James' questioning of how to 'reset' captures the residual tensions in his case.

7.1.2   Persephone

While participating in this study, Persephone was a self-employed psychotherapist who worked primarily with young people and adults in private 1:1 therapy sessions. She had a background in youth work. During 2020, she partnered with a secondary school to deliver short-term counselling, typically six sessions, to those aged 14–16. Her role, therefore, falls into the category of targeted early help, having been brought in by the school to work with students experiencing low to moderate mental distress. The scenario I focus on in her case study relates to her work in this secondary school.

Persephone participated in all components of the second stage of the research, with the first interview in July 2020 and a follow-up interview in January 2021. She also recorded one audio diary in late September 2020. When writing up this findings chapter, I re-established contact with Persephone to ask her reasons for ending the partnership arrangement with the school in December 2020. I also reference her response in her case study.

Persephone's case focuses on her experience of working with a student at the secondary school on an extended basis, which I characterise as aligning with the coping strategy of 'holding'. Persephone first mentioned the student when discussing the challenges of safeguarding work during the pandemic as part of her final interview in January 2021. Persephone frequently referred to the case as the interview progressed, providing further details about her involvement

with the student and detailing many challenges generated by working with the student beyond the agreed six sessions. Overall, discussion relating to the student's situation amounted to 25% of the interview transcript. I felt this justified in-depth analysis as Persephone found the circumstances surrounding her work with the student relevant to the research questions asked, with her experiences poignant to themes of tensions and coping.

The overall message of Persephone's case study is the same as James' case; the residual tensions Persephone experienced in the autumn of 2020 had origins in coping responses established in the spring. However, unlike James' case study, I do not present Persephone's case chronologically but discuss her case according to three aspects of her experience of working with the student that offers insight into tension generation and coping over time. I will introduce these three features at the start of her case study.

7.2   Navigating Role Tension: James' Case

James' case is structured into three main sections, plus a conclusion. These sections, which are presented chronologically, are:

1. The early pandemic period until Easter 2020, capturing the run-up to school closure, the first two weeks of the UK lockdown and the Easter holidays of 2020. During this time, we see James' shift from what I define as an 'avoidance' mentality to a mentality of 'reframing' when he could no longer avoid the tensions the lockdown generated, and James took on new safeguarding responsibilities as part of this.

2. The summer of 2020, from June to September. Schools remained closed to most pupils but began introducing in-person sessions and provided ongoing support to students over the summer holiday. James describes experiencing role anxiety at this stage, as he felt untrained and inexperienced in his safeguarding duties compared with his 'primary' role as a teacher.

3. The autumn of 2020, after schools reopened to most pupils. The virus continued to have a presence in the day-to-day actions and activities of the school to contain its spread. Here, we see a heightened conflict between James' 'primary' role as a teacher and the safeguarding aspects of his role when full teaching schedules resumed.

I conclude by reflecting on how James' question of how to reset captures the residual tensions in his case.

7.2.1 **"From a standing start to everyone go full sprint": Shifts in coping during the initial stages of the pandemic**

Maintaining normality dominated James' characterisation of the early pandemic period from mid-February until mid-March 2020. The approach was initially directed with the "party line" to keep things "business-as-usual" across the school. However, as we see in the extract below, James was "really keen" to continue with this "business as normal", even after the school implemented a partial school closure.

> It was a really weird school to work in just for those few days while we approached the point of closing to all the students. But in terms of what that meant really communicating for the team, I was very keen really to keep it business as normal as much as you could do with a partially closed school. So, we didn't actually take steps in that moment to establish what our online learning might look like.

Extract from the initial interview with James, June 2020

This attempt to continue as normal aligns with the coping mentality of avoidance. As I summarised in chapter four, the coping mentality of avoidance involved two sub-categories of 'delay' and 'distract'. Each mentality achieves the same outcome of avoiding thinking about or acting on tensions inherent in a situation. By maintaining this sense of normality, James was shielded, at least partially, from having to confront a range of potential challenges and obstacles the closure of schools imposed, including ambiguity about his role during school closure.

James' approach appears to rapidly shift during the first week of the school closing to most pupils. Having initially delayed taking significant practical preparations – or "steps" – toward online learning, when lockdown started, James stated, "We went from a standing start to everybody go full sprint". He recalls "not really sleeping properly for two weeks" because he constantly considered preparing or adjusting online resources and engaging extensively with online pedagogical discussions. However, this shift in behaviour could still be seen as an avoidance response, now achieved primarily through distraction rather than delay.

Since James focused on the practical problems posed by the shift to remote work, there is also overlap with the 'problem-solving' mentality. As I defined in chapter four, the problem-solving mentality involves translating the features of a more complex tension into a practical problem requiring a practical solution. In James' case, given the versatility of the teaching role, remote working imposes numerous barriers and raises more fundamental questions about the purpose and role of teachers. However, by keeping himself busy with the practical problem of needing to develop online learning resources, he left little space for considering the wider implications of the

pandemic for his work, thus avoiding these more complex questions and potential tensions at this stage.

The extent to which this problem-solving approach successfully distracted James from underlying tensions about his role is apparent in the extract below, where he describes taking time to "step back" and "breathe a little bit" during the Easter holidays; no longer distracted with getting "some work online", he began thinking about "what had happened and the implications".

> The first couple of weeks, as we talked through, that was all a bit wild and was like, "Let us get some work online, let's mark some work, let's make this ideal". And then it gets to Easter, and all of a sudden you can step back, you can breathe a little bit, and actually that was quite important for the team and for myself just to find some headspace and actually process what had happened, and the implications. Coming back from that, I felt I could switch away from worrying about setting and planning work and actually really help checking in with kids.

Extract from the initial interview with James, June 2020

The "switch away" that James describes in the extract, indicates a significant shift in James' coping response triggered by him engaging in 'pastoral work for the first time. This occurred because part of James' processing of what had happened during the Easter holidays involved him discovering that some students had not logged in. He mentioned this in a conversation with his line manager. He explained that there could "be a tonne of reasons [they] couldn't have logged on", so he drew up a list of names to share with the designated safeguarding lead, who responded by saying, "You know what, there are 10 or 15 kids on there who we are a little bit concerned about, can you give them a ring?". This was the first-time teachers were asked to take on a "pastoral role directly".

James described engaging in this work as "a big eye-opener", as he gained information on students' home circumstances that he otherwise would have had no knowledge of, which "clicked a lightbulb" for him. It alerted him to the "role" teachers can play in the safeguarding process, especially where statutory provision is not in place. James also described how the experience "brought home some of the safeguarding challenges", making him "realise how much of that stuff I'm often shielded from". In other words, the experience exposed James to safeguarding tensions. For example, James describes the tension of having high numbers of students not engaging with school but being unsure of which cases the lack of engagement may signal an elevated risk.

When confronted by these realities, the avoidance strategy was no longer an effective means of managing the tensions generated by the pandemic. Instead, James took up a new coping mentality, which aligns with the category of reframing. As chapter four describes, reframing

involves adapting work priorities or goals to reconcile tension. In this case, James adapted his understanding of his role to incorporate more pastoral and safeguarding responsibilities. For example, later in his interview, James explained that following Easter, he had "made a point of trying to contact kids", which he had been sharing with colleagues, telling them that "we all have a part to play". This new understanding of his role was captured in the extract below, where James describes "the bigger element to take up" beyond "just delivering content", highlighting the importance of leveraging the "informal support" of teachers.

> Maybe something that will come out of this pandemic is we take the pastoral leadership of classroom teachers a little more seriously. Because it made me reflect on my own practice of the teacher of six years […] It has been a big eye-opener, actually, to the role that we as teachers have got to play. It has made a massive change to our role; we are not just delivering content. Actually, there is a bigger element to take up. You mentioned about kids who haven't necessarily got statutory support in place; actually, informal support that teachers give has been really important to leverage.

James, first wave interview, June 2020 [full extract in Appendix H]

We can therefore see how in the first few months of the UK pandemic, James shifted between coping responses – with evidence of avoidance, problem-solving and reframing present in his account of how he attempted to carry out his work in the context of significant uncertainty, disruption, and a changed role. Initially, he focused on his primary role as a teacher, only later acknowledging the new safeguarding challenges brought about by the pandemic and reframing his work to address these – as negotiated by his line manager and the safeguarding team.

7.2.2 "A situation I am not in any way trained to deal with": Role tension as anxiety during the summer of 2020

> I know this is something I've mentioned previously. I did feel, again, my lack of experience or perhaps my lack of training or my lack of expertise in this area, in these conversations where I didn't have the answers or didn't know kind how to best support the child. That's felt like a recurrent theme throughout the period of lockdown, supporting our most vulnerable children but, as a primarily trained [humanities] teacher, I don't know that I've got the *specialist* support necessary to make the best – or to put the best – support in place for these young people.

Extract from James' audio diary received 18/08/2020 [emphasis in original]

Chapter 7

During the summer of 2020, James expressed significant anxiety about his new safeguarding work. As we see in the opening extract, behind James' anxiety was a belief that he lacked the experience, training, and expertise to carry out pastoral interventions with vulnerable students, given that he was first and foremost trained as a humanities teacher. Hence, while he reframed his role in the spring to include safeguarding and pastoral elements, he maintained an understanding that his primary role was as a teacher. However, during the summer of 2020, demands to undertake pastoral and safeguarding work tipped the focus of his work away from teaching. For example, in an audio message sent in late June 2020, James described that by conducting organisationally directed wellbeing tutorials, he was removed "from my traditional role in school as a teacher". Instead, there was a "bigger emphasis on the pastoral elements of my role, which while important and significant, pale to the role I normally play in school." He drew on a similar distinction numerous time, juxtaposing his 'normal' and 'traditional' teaching role with the 'pastoral' work he was undertaking.

The expectation of organisational actors within and outside his school setting contributed to this notion of working outside his primary role. For example, James questioned the decision to introduce the one-to-one tutorials, the first of which had a wellbeing focus. He also raised concerns about the choice of students he spoke with, asking if he was the best person in the school for them to meet with. Meanwhile, James also felt expectations from other agencies, particularly social care, to conduct direct safeguarding-related work. Echoing tensions discussed in chapter six, James stated that "the absence and continued absence perhaps of social services […] has meant that it really has felt that it's been kicked over to the schools". In one diary recording, James describes this pressure as him being "beholden" to make contact home. Underlying the anxiety James expressed about his ability to do safeguarding work was an understanding that he was being asked to operate outside his remit and beyond what he was trained and confident to provide.

James experienced these tensions around his role as anxiety. In his interview in June 2020, he expressed concern that he would "miss something massive" in the wellbeing tutorials, stating this would be "the worst possible thing". This sense of anxiety characterised James' experience across the summer. For example, in one audio diary sent in mid-August 2020, James stated the start of the summer holidays was dominated by questioning, "Have I done a good enough job? Have I supported my young people well enough?". In response to this tension – and anxiety – about his ability to do pastoral and safeguarding work effectively, we see James use several coping strategies.

Firstly, James reported actively engaging in professional training and development. James explained, "I've signed up for a number of different courses and some CPD [Continuing Professional Development] over the summer," stating, "That will hopefully put me in a position where I feel more able to offer that sort of ongoing support." Through this response, he is practically solving the problem of his perceived lack of qualifications, thus aligning with the mentality of problem-solving already discussed. To some extent, he could also be 'mitigating' by ensuring he had done everything in his power to provide support to students.

At the same time, James can be seen to engage in strategies that I associated with the mentality of 'displace/defer.' He did this by frequently emphasising the role of "specialist" support, as he did in the opening extract. In an audio diary discussing the pressures placed on school (sent in August 2020), he said there was a "sense that we are on the front line of this so we can just provide this help" but stated, "We are perhaps neglecting the importance of *specialist* support being in place" [emphasis in original]. Though James did not appear to be effective at winning the argument for specialist support, it may still have been an effective coping mentality because these arguments supported James to mentally displace responsibility.

A final but important aspect of James' account of the summer is that we gain insight into the continuous nature of coping. In an audio diary received on 10/07/20, James explained how his attempt to feedback that he was not confident in his ability to deliver the one-to-one tutorials – an example of arguing the case – intensified his sense that he lacked the skills and training required. As demonstrated in the abridged extract below, this was because, in response, he was given a guide script, and this elicited responses from students that were things he was "not trained to deal with". The extract also captures the other themes discussed in this section, such as James arguing the need for specialist support and his anxiety that his lack of training may mean a young person was failed.

> That [the script] has been quite awkward because they are really well written questions […] and they did elicit some really fascinating responses, but they are elicited responses you are not necessarily trained to deal with. As an example, a student confided this week she is really struggling at home […] and actually that is a situation I am not in any way trained to deal with. So I've got this quite serious safeguarding concern emerging and it's all well and good for me to sit at my computer, typing my notes up as I go. But actually, clearly, this would have maybe been better if it was delivered by someone

more specially trained? […] So that was a great example of where I felt I failed a young

person because I don't have the training.

Abridged extract from an audio diary sent by James, 10/07/20 [full extract in Appendix H]

Therefore, during the summer of 2020, James experienced role anxiety that stemmed from

demands for him to step outside his traditional role as a teacher, undertaking greater

safeguarding work that he did not feel sufficiently specialised or trained to deal with. Combined

with the new awareness he had gained in the initial stages of the pandemic about the

safeguarding needs of his students, this contributed to his anxiety that he would "miss something

massive" or fail a young person. An unintended consequence of expressing these concerns was

that his role tension was intensified, further exposing his lack of experience.

7.2.3　　"A tension coming to a head": Role conflict as intensified by safeguarding knowledge

"That's something that has been amazing, and teachers have done just brilliantly, just

ringing to check in with their kids […] and I know families really appreciated that as well

and […] that is not an expectation, but I wonder if the feeling among staff is that they

have to do that, or it's just you have sort of become acutely aware of your role as a

teacher which is simultaneously to deliver some content, make sure the kids know some

stuff, but also you are looking out for them, and those relationships do matter. So, it's

been great in lots of ways because I now feel so much more confident picking up the

phone with parents and having those conversations is completely normal, but it also

means your work intrudes on your life in a way it never did before like it's always been

an intrusive job, teaching, but this has taken it to new levels really."

Abridged extract from final interview with James, December 2020 [Full extract in Appendix H]

The full re-opening of school meant James was "back at full capacity" and needed to "be

everywhere and do everything". James contrasted this with "the period of lockdown and school

closure" when "it had always been right, let's just focus on safeguarding our kids". Therefore,

although by December 2020 James felt "much more confident" about the various pastoral and

safeguarding-related activities he was involved with, he continued to experience conflict between

his teaching and safeguarding responsibilities. This no longer took the form of anxiety about being

untrained and getting it wrong but of conflicting priorities and demands on his time, which – as I

will explore in this section – contributed to his safeguarding work intruding on his home life far more than before the pandemic.

James, and more broadly the school he worked for, maintained many of the pastoral and wellbeing measures introduced during the earlier stages of the pandemic alongside a return to normal teaching timetables. In part, this was because the pandemic was still ongoing, and there were large numbers of students isolated, requiring help with things like food parcels and welfare checks. There was also pressure from other agencies to maintain these duties; for example, James described continuing to carry out tasks like collecting students from home, something that he would have previously liaised with a social worker to do. James explained, "It just can't just keep coming from us" because teachers are "doing the teaching, doing the planning, doing the feedback, recording online learning resources", and "you've got to find the time to fit that in".

At the same time, James felt the pressure to continue with the enhanced pastoral support that had been established because of the safeguarding knowledge he had gained – the "acute" understanding of his role that he described in the opening extract. For example, he stated the work he had done "shows you where the gaps and cracks are in the system", later giving an example of "those moments when you are in the dead of night and think, I had to deliver food to a child today because who else would have done that?". Having gained this knowledge, it was hard to demote the importance of being "supportive and actively involved" when teaching duties intensified.

Therefore, James experienced the two aspects of his role – teaching and pastoral – as being in conflict during the autumn of 2020. He did not have the time to attend to both and found himself "left to make your own call" about how best to prioritise, especially when his time was not "dictated" for him. For example, he stated, "Yesterday I had my year ten lessons, and I was like, right, I'm just a teacher now, so I can't be doing anything else". In contrast, when high COVID rates meant two school year groups were sent home, James described a "tension coming to a head", as captured in the abridged extract below.

> So, you are having to think about how you might teach and adapt your resources to deliver a live lesson to your Zoom room full of kids, but equally, a lot of teachers in that moment, particularly myself, and the pastoral role I do, is [thinking] that it is an amazing opportunity to go and check in on my kids a little bit more. […] So, do I throw my time into providing online learning for my year 10s or do I spend this time to check in on my

key safeguarding kids or my key vulnerable young people who I know are really
struggling to adapt? […]

**Abridged extract from interview with James, December 2020 [Unabridged extract
included in Appendix H]**

James describes a consequence of this conflicting pressure as an intrusion into his home life, as
indicated in the opening extract, primarily because of the safeguarding-related work he was doing
in the evening while at home. For example, he mentioned being on the phone with a social
worker at 8pm at night because it was the only time either of them had found time to talk and
another occasion when he stated: "It's 8:30 pm, and I've done nothing else but ring with ten kids
to check in with them". He explained that it was "harder to leave that at school" because of
knowing about the impact the pandemic was having on people, and consequently, he felt
"obliged" to call students if he found out they were isolating because he knew how serious it
could be for them. He suggested it was also harder for him to find a balance because he was "less
trained to deal with that", unlike the safeguarding team at school who told him "You have to
leave it behind".

Working into the evening and over the weekend resonates with his account of the early pandemic
period, where he distracted himself from potential tensions by keeping busy. Similarly, it could be
argued that taking his work home distracted James from confronting the reality that he could not
attend to all aspects of his role. Phone calls home also eased James' concerns for students
because he had offered support, which chimes with themes from the previous chapter that
carrying out safeguarding interactions can provide reassurance to practitioners who are uncertain
about children's safety. However, as we saw in the early pandemic period, working extended
hours is unsustainable as a strategy to manage tensions in the long run.

James recognised this, discussing the need to find a balance at various points. He described the
upcoming Christmas holiday as a time to step back, which resonates with his experience of the
previous Easter holidays. A stark difference between the two holidays is that going into Easter, he
was yet to develop the role tension he experienced during the rest of his involvement in the
study. Looking back in this way, we see that those initial phone calls contributed to the reframing
of his role to include greater pastoral elements, which in turn contributed to "a tension coming to
a head" during the autumn term when his primary role as a teacher resumed.

7.2.4   Case conclusion: How do you 'reset'?

> [I'm] really proud of what we have done, but also, I do worry that we won't necessarily take it away.

> It does just make you think, how do you reset this? How do you stop and say, "I'm sorry, not going to bring you the two-week food parcel anymore; you are going to have to do that yourself?" […] How long do you keep your community support rolling for? And when does it ever stop?

Extracts from James 2nd wave interview, December 2020

In James' final interview, he posed the question of "how to reset", which captures some of the residual tensions we see in his case. In part, the questioning reflects an acknowledgement of the important dual functions conducted by schools and teachers during the pandemic. Driscoll and colleagues also found this in their 2021 survey, which, as discussed in the previous chapter, showed universal recognition that schools played a crucial safeguarding role during this time. As we saw in James' case, he went from carrying out very little direct safeguarding work to this being such a core part of his working day that it conflicted with his 'primary' teaching role and took up hours of his time at home.

James saw that things had to reset because it was unsustainable to continue offering the scale of support he had been and, more broadly, that the school was providing through measures such as food parcels. There was not enough time to address safeguarding and teaching without working late into the night and intruding on his home life. James foresaw a further return to 'normal' such as reinstating Ofsted inspections, exams and teacher observations that would add to his workload. Recognising these conflicts, he maintained an understanding that his primary role was as a teacher and used this to push back against the enhanced safeguarding-related duties becoming the norm, emphasising the need for specialist support and recognition of schools' role to educate.

However, resetting implies restoring something to its original condition. James' experience carrying out safeguarding interventions during the pandemic is not easily erasable. As this case study has shown, these experiences opened his eyes to the broader needs of the school's community, highlighting the "gaps and cracks" in the system. He also saw his essential role in supporting vulnerable young people and their families, recognising that "those relationships do matter". The questioning of "how to reset" therefore indicates a questioning of how the kind of role conflict that developed for James could ever be resolved, given his new safeguarding

knowledge. It also reflects a moral question that the responsibilities he had taken on to provide for these needs could be taken away.

Therefore, in James' case, we can see how his experience of tensions between his safeguarding and teaching roles changed during his involvement in the study. The factors contributing to this change align with the three features I outlined in chapter four. James' working conditions changed as schools closed and later re-opened. During the closure period, he engaged in greater safeguarding and support work, through which he developed greater knowledge about safeguarding which justified greater safeguarding intervention. Agencies such as social care valued this safeguarding work, but it became a pressure that James felt went outside his remit as a teacher. The coping mechanisms James used were partially effective; they kept tensions at bay and the feelings of stress and anxiety associated with them within manageable limits on a day-to-day basis. However, in the longer term, these strategies contributed to the understanding that the situation was unsustainable and, at times, intensified pressures such by adding to his workload or intruding on his home life beyond what was manageable. Ultimately, we see how the reframing James did in the spring of 2020 formed the basis for the subsequent tension he experienced in the summer and autumn, giving insight into the continuous nature of coping.

7.3   The 'Heaviness' of 'Holding': Persephone's Case

I will now turn to Persephone's case. As I explained in the introduction, this is a stand-alone case study that demonstrates key features of the coping process in the context of a real-life safeguarding scenario that Persephone described. However, there are interesting points of connection to James' case, which I discuss in more detail at the end of the chapter. One of these interesting links is that they both describe work in a secondary school context. Like James' experience prior to the pandemic, the school safeguarding team was Persephone's main point of interaction with statutory safeguarding processes.

In James' case, we saw how he advocated for specialist support for students with difficult pastoral issues that he did not feel qualified to deal with. Persephone is an example of someone that the school brought in to provide more targeted, specialist help for these students. Yet as we will see in her case, she also felt the case described went beyond her remit and training, generating tensions for her as a result.

I present Persephone's case in three parts, with each focused on a different aspect of the coping process illuminated by her account of working with a high-risk student. These are:

- How the decision to work with the "high risk" student on an extended basis – which I characterise as the coping response of 'holding' – contributed to new tensions, which Persephone experienced as becoming "heavier" over time;

- How the "weight" of these tensions had longer-term consequences, which went beyond concluding her involvement in the case and may have contributed to her decision to end the counselling arrangement with the school;

- How Persephone's case reveals an important multi-agency dynamic to the coping process, given the strategy of holding was negotiated and renegotiated with the safeguarding team throughout her involvement with the student.

7.3.1   Experiencing risk tensions: The weight of "holding"

I felt like I was just holding this girl who was teetering on the edge of suicide. It was really difficult, and I think I did a lot of holding for almost a year with her until it got to the point where I remember saying to one of the safeguarding team at some point, "she is going to kill herself or she is going to have a really big attempt that is going to be life-threatening". I don't think anybody really believed me or really believed her. Then when she admitted, "I've got a knife, I've taken it and my mum doesn't know", then I think that was the only bit where people were like "oh shit, actually, yeah, she does actually mean it". So that was heavy. It was a heavy, heavy time. "

Extract from Persephone's repeat interview, January 2021

In chapter four, I defined holding as a behavioural coping response where practitioners either took on or maintained responsibilities for a child outside of their service remit. Typically, practitioners did this in circumstances where a child did not meet the threshold for the specialist or statutory support that the practitioner believed was required, such as children's social care or Child and Adolescent Mental Health Services (CAMHS). The strategy enabled practitioners to 'avoid' confronting tensions such as there not being sufficient help available for a family in need by providing that support themselves. The strategy also provided reassurance that a child or young person was being 'seen', which, as I discussed in the previous chapter, is understood to play an important safeguarding role by enabling risk to be monitored and keeping children safe while they are in the presence of professionals.

Persephone's actions align with this category of holding. The extract below describes the timeline of Persephone's involvement with the student forming the basis of this case study. The student started therapy with Persephone in February 2020, and this arrangement continued until December 2020, when the young person became involved with CAMHS.

> "So, the girl in question who is now under CAMHS, I started seeing her in February, and
> bearing in mind they [the safeguarding team at the school] had a huge waiting list for
> people who were going to be having therapy with me, we said six sessions for each child
> and if it needed to be extended, I'd talk to the safeguarding team and it might be
> extended. So, this girl had weekly therapy with me from February 'til basically the
> second week of December. There was a gap in between of the summer. I thought I was
> going to finish with her at the start of summer, and then we came back in September,
> and the safeguarding team had re-referred her because she was so… awful, and her
> mental health was so terrible, and they couldn't draw upon other places [for support]."

Extract from repeat interview with Persephone, January 2021.

Persephone deviated from the original working arrangement she made with the school by
providing counselling beyond the six sessions agreed upon. Persephone explained that the
student was "a very high safeguarding risk" and "I think she should have intervention so much
sooner than she had, there were so many things going on, and we tried to refer her to CAMHS so
many times, and she never reached the threshold". Hence Persephone also went outside of the
"low to intermediate" mental distress remit by working with a student whose mental health risk
was high. We also see how Persephone characterised her experience by drawing on the same
language of holding; for example, in the opening extract, which I will use as a focal point in this
section, she describes herself as "doing a lot of holding".

In chapter five, I explained that though holding was effective as a strategy to avoid confronting
the lack of service availability for children and families assessed as high risk, the additional
workload and risk responsibilities subsequently exacerbated work pressures. Persephone's
account of working with this student illuminates this pattern and adds additional insights. The
metaphor Persephone uses of holding a girl teetering on the edge, is a poignant image that
illuminates the tension she experienced. On the one hand, by holding she clearly saw herself as
playing a protective role. If Persephone were to step away, it could lead to a young person falling
off the edge. At the same time, holding someone is not a long-term strategy. The act of "holding
for almost a year" became increasingly challenging for Persephone.

One reason for this was the lack of support from other agencies. Persephone later stated, "It's
really hard to take on all the responsibility". Throughout her involvement with the research,
Persephone spoke highly of the safeguarding team, for example, stating, "The thing is about that
school is their safeguarding is so good and they are really, really on it". Yet, in relation to the case,
she mentions numerous frustrations. Firstly, she could not get hold of the team to raise the initial
safeguarding concern after discovering the young person had a live plan of suicide. Secondly, at

various points, other agencies and practitioners did not share the same level of concern as her, as evidenced in the above extract, where she describes feeling that no one "believed" her or the young person about the level of risk. Finally, no other services were involved, stating that "anything that would have really helped thin out the responsibility couldn't happen because of COVID and funding". All of this contributed to an increased sense of responsibility, intensifying Persephone's feeling of being the only professional holding the girl.

At the same time as feeling this increased responsibility, Persephone became increasingly aware of her limitations as a practitioner in two ways. Firstly, by the autumn of 2020, she had engaged in extensive work with the student far beyond her typical six sessions and had therefore exhausted the tools and strategies available to her within her therapeutic practice. Persephone explained how the young person was "just not doing the work" because of her mental health. Secondly, Persephone assessed that despite her intervention, the level of risk was increasing. Chiming with themes discussed on the importance of seeing in the previous chapter, Persephone stated, "She needs to be on suicide watch, and I can't watch her, and her mum can't watch her. Somebody else needs to be the watcher." Therefore, Persephone recognised the limitations of her holding strategy as she could not use her therapeutic tools to improve the mental wellbeing of the young person, and neither was her intervention enough to prevent the worst-case scenario from developing. If we are to use Persephone's metaphor, this is like recognising her input was not enough to steer the student a safer distance from the edge or to prevent them from falling off.

In the opening extract, Persephone uses the word "heavy" to describe this time working with the student. In this context, several factors contributed to this sense of heaviness. Firstly, there is the weight of the risk responsibility, which I explored in chapter four. There, I discussed how participants such as Leon described "holding risk," assigning weight and quantity to the risk they were holding. High-risk cases were seen by both stage one and stage two participants as "weighing heavily" on practitioners. In Persephone's case, the weight of the risk was heavy because she did not feel responsibility was shared, with the bulk of the risk responsibility being held by her. It was also heavy because, despite her efforts, the risk mass was increasing, not lessening. Heaviness also reflects the time involved. Holding any object for a prolonged period is challenging. Given that Persephone was used to carrying out short-term interventions, holding responsibility for a young person's safety for an extended period may similarly become more challenging over time. Finally, the term 'heavy' may also speak to the emotional strain caused by ongoing exposure to the tensions of the case, including residual tensions I explore below.

Therefore, through Persephone's discussion of her work with this student, we see how over time, the strategy of holding was less effective in avoiding exposure to numerous tensions, the most

fundamental being that a young person was at risk of significant harm from suicide yet did not qualify for specialist CAMHS involvement. The weight of this tension became heavier for Persephone over time.

7.3.2 Does "something big need to happen until someone listens?" Residual tensions in Persephone's case

A crisis point was reached in the case Persephone described, which triggered the involvement of CAMHS. In that sense, the fundamental tension was resolved; specialist support was in place for the student, and Persephone was no longer required to step in and hold. Persephone was free to return to the established working arrangement of six sessions for students in the low to intermediate category. However, although the weight of holding responsibility for the case was lifted, residual tensions remained, which may have contributed to her decision to end the partnership arrangement.

A key reason for this was that CAMHS's involvement came about after a further escalation, which endorsed Persephone's belief that thresholds were too high and that "something big needs to happen before someone listens." Persephone did not characterise the situation as an example of effective risk management and escalation but luck. Persephone discovered in her weekly counselling session that the young person had intended to harm themselves over the weekend but had not had an opportunity. In that sense, Persephone saw the case as a near miss, which was something Persephone dwelt on; for example, she stated, "I dread to think of what could have happened if her mum didn't take her to A&E."

Notably, the student's case exposed a more fundamental conflict between the current model of mental health services and Persephone's approach and values. Persephone described her approach as "holistic", stating, "I feel if we can all hold that person…the more people who are around, the better". In contrast, the extract below describes Persephone's characterisation of the current mental health system, which she describes in the extract below as "mental health crisis work". Because the student was only offered CAMHS help after a near suicide, the case endorsed her view that current systems are crisis work.

> It's mental health crisis work instead of mental health work which I think are two very different things. I worry thresholds are just going to get higher and higher to the point where people who get mental health help are people who have attempted suicide or are actively hurting other people, and that's just, like, what a world is that going to be like if that is our extent of mental health help?

Extract from Persephone's repeat interview, January 2021

The conflict between these two models of mental health intervention impacted her relationships, as she had close friends and family working in acute mental health roles. About one close friend, she explained: "From a mental health perspective, we differ massively, so we just don't discuss it". She described how her friend was "cut-throat" about allocating mental health resources explaining that "because they don't have the funding and they don't have the money, and they don't have the resources, they can only afford to be cut-throat." She further explained how the same friend dismissed her concerns about the girl she was working with, stating, "Their approach is so like 'Oh, it's fine because if she has told you she wants to kill herself, she probably won't kill herself' and I am like 'Okay, that doesn't help because I'm worried'."

A final residual tension concerns the working conditions and resources of practitioners in early help roles. Chiming with senior manager Lily's frustrations, which I discussed in chapter five, Persephone described that high thresholds meant people were doing this work when "it is not the job they should be doing". She stated they "shouldn't be dealing with people who are suicidal" and when they [the practitioner] don't have the resources to support someone in such a hard emotional state". In justifying this statement, she went on to explain that these practitioners are people who "aren't equipped", "are paid terribly" and are only "trained to a point". Of course, not being trained was also a feature of James' case. Interestingly, though Persephone was an example of someone brought in with more specialised skills, she also felt inadequately specialised in dealing with the risks involved with this student.

Therefore, the case exposed broader tensions in Persephone's personal and professional life, illuminating conflicting understandings of mental health risks and models for providing mental health intervention. A consequence of these residual tensions could be Persephone deciding to end the arrangement with the school to provide counselling, an example of the resignation strategy. As I discussed earlier in the thesis, Lipsky (2010) states that in circumstances where routines of practice cannot be developed, or mentalities of coping are ineffective, then workers will cope by withdrawing from work, either physically through quitting or emotionally through versions of absenteeism. Persephone's reasons for ending her involvement with the school overlap with the tensions discussed about the case. For example, Persephone cited feeling pressure to "fix" certain students' behaviours and feeling uncomfortable operating outside of her remit, which is a feature I discuss more below.

Whether the specific case was the catalyst for ending the partnership arrangement is not necessarily important for understanding resignation as a coping mechanism. It is significant that Persephone stated that the school wanted the arrangement to continue, and the required funding

was in place for it. The decision was, therefore, Persephone's. She described it as a "relief" that it ended, and during her interview stated that, "not having to do it has helped". There is therefore compelling evidence to suggest that this was a strategy of coping with tensions she experienced carrying out this work.

7.3.3 "Let's say Persephone will carry on with her": The multi-agency dynamics of coping

Persephone's account reveals an extra dimension to the holding strategy because the decision to continue working with the student beyond the agreed six sessions was made in conjunction with the safeguarding team at the school. As previously described, the established arrangement was for six sessions and "if it needed to be extended, I'd talk to the safeguarding team, and it might be extended". From this, we can infer that the initial request to extend counselling came from Persephone. She also mentioned that she had planned to finish the counselling at the start of the summer holidays, so the arrangement had a fixed end point. These two factors may contribute to why Persephone gives little attention to tensions in the case before the autumn of 2020 and did not mention the case in her initial interview or in her audio recording. It was after the re-referral by the safeguarding team that Persephone describes tensions intensifying in the case.

Both Persephone and the safeguarding team fall into the "early help" category on the Continuum of Need and Response Framework that I described in the introduction. However, as a team based within the universal service of the school, the safeguarding team were ultimately responsible for the student. Therefore, while Persephone carried out the holding in this case and experienced the longer-term tensions associated with it discussed above, the strategy was arguably a coping response of the safeguarding team, which I will explore in this final section of the case study.

Above, I discussed that Persephone expressed frustration that she was the only one who "believed" the girl was at high risk. However, she also stated elsewhere in her interview, "that girl was *already* on their [the safeguarding team's] radar, and they were *so* aware of her, they had tried to get her referred to CAMHS, there was so many safeguarding processes they had gone round for her" [her emphasis]. Persephone also explained that one of the reasons prompting the re-referral for counselling in the autumn of 2020 was the high level of mental health support required, captured in the extract below.

> "She would spend a lot of time with the safeguarding team. She'd come in to school and was so down that she'd go to the safeguarding team, and they would have to hear the

same things that she would be coming with. So I think they were basically like, 'let's say Persephone will carry on with her,' and that's what I did".

Extract from a follow-up interview with Persephone, January 2021

Therefore, the safeguarding team knew this student required help. Persephone also explained that support groups and services the young person could have previously benefited from were unavailable due to a combination of "COVID and funding".

We can therefore see in Persephone's account an apparent tension confronting the safeguarding team in September 2020; how to support this student when she had been refused support through CAMHS, other services were not available and when they did not have the capacity themselves. Their response of seeking Persephone's ongoing involvement with the student – "let's say Persephone will carry on with her" – can be understood as a coping response to this tension.

The response fits with the mentality of 'displacement', given that they deferred responsibility for supporting the student to Persephone. If nothing else, for the safeguarding team, the time pressure of talking to the student was reduced through Persephone continuing with weekly counselling sessions. Persephone's sense that no one believed her about the risk during the autumn aligns with this strategy of displacement but also of avoidance; if the safeguarding team accepted Persephone's risk assessment, this would require action on their part, and the inherent tension of the student requiring more specialised support than was available would re-emerge. Therefore, the safeguarding team can be seen to have avoided some tensions inherent in the case by displacing responsibility to Persephone.

Given that I did not interview the safeguarding team, we cannot be sure of their motivations. They likely had their internal dynamics at play as a team, including with the school's leadership body. We do, however, know they managed the counselling waiting list and therefore had a level of professional discretion about how they chose to manage the resource of counselling provision. We also see in Persephone's account that they faced evident tension and were the driver behind Persephone's ongoing work with the student in the autumn term. We also see that while they could not force Persephone to agree to the re-referral, they could draw on the precedent Persephone had established by initially undertaking counselling with the student on an extended basis.

Therefore, when it came to Persephone's decision to continue to hold the student during the autumn of 2020, we see a clear multi-agency dynamic which resonates in two critical ways with other themes of this thesis. Firstly, having previously made this exception to the established

arrangement regarding the length of sessions and the level of need/risk she could work with, it was harder for Persephone to decline this ongoing work with the student the second time. This dynamic connects with findings of practitioners based within universal services who were frustrated that measures they took as exceptional or one-offs became the expected norm. In James's case, we also saw this dynamic when he questioned if social workers were now taking for granted that the school would collect pupils from home. Thus, where practitioners have shown others the professional discretion available to them, it opens up the possibility of those other professionals calling on that discretionary potential to be used again.

Secondly, funding arrangements play an essential part in the multi-agency dynamic. In chapter five, I discussed how senior manager Lily explained the pressure to retain positive relationships with the local authority funding even though she was frustrated that her agency felt "left with" young people. Similarly, in Persephone's case, given that the safeguarding team acted as representatives for the funding body – the school – it may have been hard for Persephone to challenge the appropriateness of their re-referral without comprising their working arrangement. However, as a self-employed worker, it may have been easier for Persephone to resign than someone employed directly for the school or with a long-term contract to run a service, such as with Lily's charity.

Therefore, Persephone's case shows the multi-agency dynamics not only in how tensions are experienced but also in the coping responses to tensions. These are significant findings which build on existing theory and research. For example, research examining tensions in risk work has typically considered how individual risk workers or groups of risk workers experience tensions in their day-to-day practices. In Persephone's case, we see that multiple professionals can experience tensions simultaneously concerning the same client. Furthermore, there is an assumption within coping theory and research that street-level workers use their discretion to cope in their interests. In Persephone's case, we see how multi-agency dynamics also play a role in coping responses, with practitioners leaning on the discretionary powers of others to achieve their outcomes.

7.4   Synthesising the Cases: Coping is an Endless Process

Each case presented has unique features that connect in diverse ways to some of the other themes discussed in this thesis, such as Persephone's experience of holding that built on the findings around the weight of risk responsibility that I introduced in chapter four. However, there are also points of similarity between the two cases, such as both participants being based in a secondary school context, both experiencing situations where they felt they were operating

outside of their remit and both advocating for specialist support to be put in place. There are also important points of connection regarding what the two cases tell us about the process of experiencing and responding to tensions in children's safeguarding work, which is what I will focus on in this concluding section.

Firstly, in both cases, we see evidence that the tensions experienced by James and Persephone were not fixed or static. Consistent with the 'process' rather than 'states' view of coping, their experience of tensions changed in response to broader contextual and relational shifts. I have differentiated between three main features of change: their conditions of work, relationships with other professionals and changes in their knowledge about risk and safeguarding. For example, we saw how the nature of the tension between James' safeguarding and teaching responsibilities shifted in the autumn of 2020, and changes in his work conditions due to the pandemic were one reason for this, with the decision to send a year group home triggering a "tension coming to a head." Meanwhile, in Persephone's case, an assessment of risk that she did not believe other agencies agreed with, alongside a recognition of the limitations of what she could provide, intensified her concern that specialist mental health support was not in place. As I will discuss further below, changes in these three features can occur because of coping responses which align with the assumptions of dialectical analysis that coping responses shape practice. Hence tensions are not experienced as one-off dilemmas, but as contradictory and interdependent pressures that shift and change, and coping responses shape these shifts.

We also see evidence of the enduring nature of tensions in both cases, which go beyond contradictory situations in immediate day-to-day decision-making. Through Persephone's case, we gain an insight into how tensions associated with a specific piece of work can expose practitioners to more fundamental tensions and contradictions within the safeguarding system. In this case, Persephone retained residual discontent regarding the nature of mental health services and multi-agency working arrangements even though specialist mental health support was established, and, technically, the tensions of that specific case were resolved. For James, his experience of safeguarding exposed him to dysfunctionalities, including gaps in the safeguarding system he was previously shielded from. I posit that these broader tensions contribute to practitioners opting to leave work – providing an answer to the question of how to reset. However, this link between residual tension and coping requires greater exploration through further research, given I did not include former practitioners in my research and I will discuss this further in the following chapter.

In both cases, we saw evidence of Persephone and James attempting to manage tensions, yet with only partial and temporary effectiveness. In both cases, we saw how coping mechanisms did

not resolve the tensions. For example, in Persephone's case, we saw how the decision to work with the student on an extended basis, a strategy I have characterised as holding, did not resolve the tension of the specialist mental health service not being involved. Meanwhile, in James' discussion of the initial stages of the pandemic, we saw him avoid tensions through distraction and delay, rather than resolve them. From this, we see that managing tensions is, in part, about managing the emotions that exposure to tensions generates, such as feelings of stress and anxiety. Through this, we can connect developments within coping theory and research with emerging work on moral injury, with coping mechanisms as a means by which moral conflict is managed in day-to-day practice. In the context of work with risk, this chimes with the findings of Stanley (2018) and others, that risk work is a form of emotional work.

For both James and Persephone, their strategies had some initial effectiveness, such as with Persephone only describing the situation as becoming challenging and problematic in the autumn. However, in both cases, we see the limitations of coping being met. For Persephone, these limitations contributed to residual tension as she could not see what else she could do. In contrast, we saw James shift from a delaying, "business as normal" mentality in the early stages of the pandemic to a distraction-based, problem-solving mentality when such challenges could no longer be delayed. In either case, we see how the coping process is iterative because practitioners use coping mechanisms responsively to their experiences of tension. We also see how coping is continuous, because, in both cases, coping responses altered features of their work in ways that contributed to greater tensions later. For example, James' safeguarding knowledge and values were permanently altered because of phoning students on behalf of an overwhelmed safeguarding team during the initial stages of the pandemic, knowledge which contributed to the role conflict he subsequently experienced. Meanwhile, in Persephone's case, the precedent set by agreeing to hold the high-risk student increased the pressure to continue holding the student during the autumn term.

Finally, the cases bring attention to the important social dynamics of coping, which shape both how tensions are experienced and how they are responded to. In James' case, expectations to engage in safeguarding work outside of his primary role contributed to his role tension. In Persephone's case, we saw that the safeguarding team were integral to the decision to hold. Through her case, we saw how discretion is negotiated, and discretionary actions are the product of deliberations with other agencies. These are important findings because they build on existing understandings within coping theory and research by establishing the multi-agency dynamics of coping.

All these features of coping – as a multi-agency, partial, continuous and iterative process – indicate that coping with tensions is an endless process that practitioners safeguarding children are constantly involved with as they navigate multi-agency safeguarding practices.

7.5   Chapter Conclusion

This chapter has illustrated the partial, iterative, continuous and multi-agency nature of coping with tensions in street-level safeguarding work, which points to coping being an endless process. It has brought a distinct perspective on the framework for understanding tensions and coping by providing an in-depth analysis centred around the experience of two participants, James and Persephone, offering the 'street view' of how tensions are experienced and navigated. Though both cases had unique features, we saw continuities in their accounts of how their experience of tensions changed. The chapter concludes the presentation of findings from this research. In the following chapter of the thesis, I will bring the thesis to a close by drawing out the key research findings and discussing their contribution to existing theory and research.

Chapter 8   Conclusion

This thesis has advanced our understanding of multi-agency children's safeguarding by examining tensions in the experiences of those directly involved in safeguarding children. In doing so, I have revealed the important everyday realities of working life for those tasked with keeping children safe, providing an account of the contradictory pressures, tensions and multi-agency conflicts that arise when navigating interventions for children and families in safeguarding situations. I have also shown some of the responses that practitioners use to accomplish their work in the face of such challenges, including the mentalities they adopt to, among other things, avoid confronting tensions.

In this concluding chapter, I will revisit the main arguments put forward in this thesis, bringing to the fore how these connect with existing theory, research, and social policy debates. I also briefly reflect on the research process, discussing the limitations and opportunities that the COVID-19 pandemic generated for this study. I list the most pressing areas for further research, building on the findings from this thesis. I finish by looking forward, discussing the longer-term relevance of the findings because of the continuities in the post-pandemic safeguarding landscape.

8.1   Thesis Summary

In chapter two, I posited that analysing the sources of contradiction and conflict in practitioners' accounts would reveal more fundamental features of safeguarding practices within the safeguarding system. I also theorised that by considering how practitioners respond to such tensions, we could learn how practice is shaped in the day-to-day actions and activities of those operating in this arena. I argued that to achieve these two aims, it would be necessary to adopt a multi-agency focus, examining the experiences of practitioners operating in different organisational and professional contexts within the safeguarding network. These arguments were grounded in the assumptions of organisational dialectical theory, based on the principles articulated by Benson (1977), which rests on a Marxist ontology.

These assumptions, in discussion with contemporary theory and research on these themes of tensions and coping, formed the justification for the central research questions of this study, which were:

1. What contributing factors generate tensions for those working at the delivery level of multi-agency safeguarding processes?

2. How do safeguarding practitioners manage the tensions they experience in relation to multi-agency safeguarding processes?

3. How do practitioner experiences of tensions in safeguarding, and their responses to these tensions, change?

Each chapter presenting findings has brought a different perspective and focus to the research questions. I have used a cartographical metaphor to illustrate the contribution of each chapter in relation to the whole terrain. I began with the simplified map in chapter four and concluded in the previous chapter with the street view, offering two satellite overlays in chapters five and six. Collectively, the findings of this thesis address these questions and present a comprehensive account of the contradictory but interdependent tensions confronting practitioners working in children's safeguarding and, in turn, the responses they develop as they attempt to navigate them. In doing so – and aligning with the assumptions of dialectical analysis – the findings advance our understanding of the everyday experiences of safeguarding practitioners and reveal essential features and workings of children's safeguarding as a social system. Or rather, as I have articulated in this thesis, as a social landscape.

I have evidenced how constraints in working conditions, professional knowledge about safeguarding and risk, and multi-agency dynamics combine to generate contradictory but interdependent tensions for safeguarding practitioners working before and during the COVID-19 pandemic. These three contributing factors reveal important features of children's safeguarding practices. Working conditions place material constraints on what is possible. I have demonstrated the nature of these constraints in two contexts, with austerity diminishing resources and the pandemic limiting in-person contact. Safeguarding knowledge informs practitioners' understandings of their practices and includes knowledge and values about safeguarding, risk and harm. In this thesis, I have evidenced safeguarding knowledge about the importance of children being visually seen and beliefs about the threshold for significant harm. Finally, multi-agency dynamics mediate safeguarding practices, and I have shown the critical impact of the wider safeguarding network on practitioners' experiences. For example, I've shown how the actions of other agencies during the pandemic contributed to practitioners' anxiety about elevated risk from children not being seen.

I have shown how practitioners experience the tensions arising out of these features as stress, anxiety and similar negative emotional responses. Consequently, many of the mechanisms of coping that practitioners develop are attempts to manage this emotional response that exposure

to tension can generate. I have posited this is primarily achieved through mentalities of coping, which Lazarus defined as emotionally focused coping. In this research, I developed an understanding of five distinct coping mentalities: avoid, reframe, problem-solve, mitigate and acknowledge. There is some overlap with existing research, including links to Lipsky's work on specialisation and prioritisation. These mentalities supported various behavioural responses, and I have defined five in this thesis: holding, arguing the case, resigning, rule-bending and being healthy. I have demonstrated that coping is partial, since tensions are never entirely resolved but rather managed through these strategies. These coping responses are important because, as well as managing tensions, a consequence of them is to shape how safeguarding is carried out, thus becoming safeguarding practice. For example, I have posited that prioritising risk in social care may have led to higher thresholds and that deferring to others, while feeling less risky for practitioners, may deskill them.

In reference to the third and final research question, by analysing changes in how practitioners experience tension, I have shown that tensions are not static and change in line with shifts in the features of safeguarding practice contributing to them. This includes changes arising from coping responses since such responses shape practice. I have detailed various knock-on effects of coping responses for individual practitioners or the wider safeguarding network, meaning that coping is an ongoing – or 'continuous', as I describe it – part of safeguarding practice. I have also demonstrated that coping is an iterative process because practitioners adopt new responses when tensions can no longer be effectively managed.

Each chapter has built on this framework by adding depth, detail and context through a focus on different aspects of the data generated. In doing so, each chapter also makes a significant, stand-alone contribution to our understanding of children's safeguarding which I will now discuss. In chapter six, I used the tensions associated with disruption to visual contact with children during the pandemic as a focal point to explore tensions and coping in multi-agency safeguarding work. The chapter makes an important contribution to our understanding of children's safeguarding by revealing the assumptions held by practitioners on the safeguarding importance of seeing children. These assumptions, which I organised into four distinct 'risk knowledges', evidence conflicting understandings of what is important about seeing – forming the basis for multi-agency tension about who is responsible for seeing – though all orientate towards a narrow focus on having eyes on children. I argue that seeing children has gained this importance because it is a means of reassuring practitioners in situations of uncertainty. Therefore, through the disruption to seeing generated by the pandemic, we gain insight into a coping mechanism used to manage tensions about risk in the pre-pandemic context.

Chapter five provided an illuminating account of tensions in the pre-pandemic context, detailing how resource limitations and dysfunctionalities linked to austerity policies contributed to tensions within and between agencies. This chapter contributes to our understanding of multi-agency working practices and arrangements, evidencing conflict between agencies over their understandings of the threshold for specialist support, with related frustrations of remit and responsibility as a source of conflict. In the chapter, I put the case for understanding raised thresholds as a rationing strategy, which, in line with the conceptualisation offered by Devaney (2019) can be achieved by deflecting responsibility onto other agencies as well as making access difficult and diluting capacity through higher caseloads. This is important as it moves the discussion away from a focus on whether definitions of significant harm have changed to thinking about the other ways that access to statutory social care is given (or denied). Further research can build on these findings to further examine the battle over thresholds and the extent to which raised thresholds are a rationing response of social care.

The two case studies in chapter seven contribute to our understanding of the coping process. The main argument of the chapter is that two case studies demonstrate the partial, iterative, continuous and multi-agency nature of coping. From this, I conclude that for safeguarding practitioners, coping is an endless process. This chapter also demonstrates the importance of what I have described as residual tensions, which linger beyond a specific case that has been concluded and are linked to more fundamental problems, barriers or anxieties about safeguarding and even public service systems. This discussion around residual tensions makes important links with developing research on moral injury and also the phenomenon of resignation though more research is needed in this area, which I discuss later in this chapter. In Persephone's case, we also gain insight into the multi-agency dynamics of coping, and I will discuss the contribution this makes to existing theory and research in the following section.

Finally, chapter four, which offers the framework for understanding tensions and coping in children's safeguarding that I summarised above, can also be used as an analytic tool in a range of public service delivery roles outside of the safeguarding context. For example, I demonstrate that analysing accounts of stress, anxiety and tension can reveal important dynamics of the social setting or system under study, which applies to various research contexts. The framework can also be used to understand practitioners' responses by establishing that tensions are often experienced as emotionally distressing and therefore prompt some form of response that can be framed as a coping mechanism, and these responses shape practice. Furthermore, by differentiating between mentalities and behaviours, I offer a means of understanding the different intentions and effects of responses, providing some existing definitions to compare with other settings. The findings presented in this chapter also make a significant theoretical

contribution, which I expand on below, with the theoretical framework building on existing theory and research within the policy implementation and risk work fields.

8.2   Contribution to Existing Research, Theory, and Policy Debates

As I will develop in this section, the knowledge this research has generated on multi-agency safeguarding practices makes a significant contribution to existing policy and academic debates in various ways, including theoretical and methodological contributions.

Crath, Dixon and Warner (2023) identify in their recent editorial on social work for Health, Risk and Society that there is scope for more research which expands on "the strategies practitioners use to manage their responses to risk work in contexts of uncertainty" and the "(un)intended consequences of these strategies" (p.6). My research responds to this call. For example, in chapter six, I described the significant uncertainty about whether children were coming to harm during the pandemic, showing how disruptions to visual contact with children exacerbated this uncertainty. I evidenced how practitioners used their available discretion to re-establish visual contact, such as via doorstep visits, which provided reassurance of children's safety sometimes by breaking or bending lock-down rules. I demonstrated that by providing this reassurance, seeing children is not only a means of managing risk but also a means of managing – or coping – with the anxiety that risk uncertainty brings.

However, a consequence of providing this reassurance through seeing is a narrow focus on having 'eyes' on children. This deviates from the broader understanding dominant in research of what constitutes child (in)visibility in safeguarding contexts (such as in Ferguson,2017). There are significant ramifications of this. For example, the national review into the murders of Arthur Labinjo Hughes and Star Hobson details how both children were physically seen but concludes that not enough direct work was done with them, meaning their voice was not heard, and professionals did not understand what their daily lives were like. If keeping children safe requires more meaningful engagement with children, the narrower interpretation of what seeing means that I have evidenced in this thesis is a barrier to effective safeguarding. Further research that builds on this research's findings is essential to understand better why practitioners have come to attach such importance to the visual. I contribute to this debate by highlighting that seeing children provides reassurance to practitioners in circumstances of uncertainty.

Theoretically, the framework for understanding tensions and coping in children's safeguarding that I developed in chapters two and four brings together and builds on Michael Lipsky's (2010) Street-Level Bureaucracy and Patrick Brown and Nicola Gale's (2018a; 2018b) Tensions in Risk Work framework. I argue that both frameworks offer valuable insights into the experiences of

safeguarding practitioners. As this thesis has demonstrated, safeguarding practitioners experience conflict between their ideals, the demands of their job and the resources available to do it. Therefore, they align with Lipsky's definition of the street-level bureaucrat. However, I have also demonstrated that understandings about risk, which form part of practitioners' working knowledge about safeguarding children, are a critical feature of tensions experienced by safeguarding practitioners. This builds on the work of Brown and Gale (2018) on the inherent tensions in risk work.

I have brought the two frameworks together by arguing that Lipsky's work on coping mentalities and behaviours can support our understanding of how the tensions identified as inherent to risk work "remain (partially) hidden or are reconciled in practice" (Brown and Gale, 2018b, p.1). For example, the notion of avoidance as a strategy illuminates the process by which risk workers "bracket off" (Chivers, 2018) or "veil" (Gale, 2018) tensions. At the same time, I make an appeal to street-level studies to consider how understandings of and responsibilities for risk impact how workers exercise their discretion to cope. For example, I have evidenced how some practitioners take on *more* work in response to resource shortages, which goes against the notion that practitioners develop practice routines to make their work easier when faced with conditions of high demand and limited resources. Consequently, there is a legitimate case for differentiating the tensions and responses that involve work with risk from contradictions or paradoxes encountered in wider public service work. At the very least, street-level studies involving safeguarding workers should account for specific responsibilities they have toward managing risk.

Throughout this thesis, I have discussed how tensions are experienced by practitioners as distressing, with heightened anxieties among practitioners about the possibilities of a child or young person being harmed because of failures within the safeguarding system, such as there not being enough resources to meet demands. I have drawn links with literature on 'moral injury', positing that many of the tensions described by participants in this study have a moral dimension. I have also shown that the types of emotion-focused coping that Lipsky describes as coping mentalities are an essential aspect of managing tensions. I have shown how these mentalities play an important role in enabling practitioners to achieve their day-to-day work by minimising the anxiety and stress they would otherwise experience if confronted by tensions. My findings therefore support the argument by Stanley (2018) that risk work is a form of emotion work.

Given this, I am critical of developments in coping theory and research that marginalise the role of mentalities of coping in favour of behavioural responses. I recognise scholars in this field's vital contribution in synthesising street-level studies' findings and advocating for the importance of coping in the context of public sector delivery work. Existing research in this area demonstrates

the consequences of coping behaviours on delivery, such as how strategies "move against", "move toward" and "move away from" clients (Tummers et al, 2015). However, if the goal is to reduce instances of certain problematic behaviours in delivery contexts and unintended consequences of coping, it is important to understand the mentalities supporting these behavioural responses.

Building on both theoretical contributions, I establish that dynamic forces within the wider professional network are an important factor contributing to tensions in practice and the coping responses practitioners utilise. In this thesis, I have typically referred to this as multi-agency dynamics. Without such attention to the multi-agency dynamics of carrying out safeguarding work, important aspects of delivery-level safeguarding experiences and insights into tensions and coping would have been lost. For example, chapters five and six discussed the contestation around thresholds for specialist involvement and the conflicting understandings of who is responsible for seeing children. These are important features of the safeguarding landscape, and these conflicts were key locations to explore tensions and coping. Furthermore, as we saw through Persephone's case in the last chapter, decisions about holding cases are negotiated between agencies, meaning coping and the use of professional discretion is not exercised independently or in isolation.

There are clear methodological ramifications of this. As I discussed in chapter two, such a multi-agency focus is rare within street-level and risk work studies and substantive research within children's safeguarding professional contexts. Typically, research is from the standpoint of a particular organisational context or profession. An exception to this was the work by Driscoll and colleagues (2021) which documented the multi-agency impacts of COVID-19. Given the importance of ethnographic methods for observing coping behaviours and the need to generate data that capture experiences, a focus on a single organisational or professional context is both understandable and methodologically justifiable. There are also pragmatic considerations that limit how broad research can be. However, this thesis justifies that it is still necessary for analytic attention to be directed beyond normative disciplinary boundaries and to consider how different services and professional disciplines may connect as part of a larger public service delivery system. Such a focus is consistent with the principle of totality and can be achieved by finding the points of connection between research findings from one professional context and another.

This research also makes many significant contributions to current public policy debates, including those relating to safeguarding I have already mentioned. Some of these contributions are linked to the need for further research, such as in relation to the strategy of resignation, which I discuss toward the end of this chapter. The findings of chapter five outlining the realities of multi-agency

working are significant because of the persistent problems with multi-agency communication and working identified in child safeguarding practice reviews. For example, the national review into child protection identified a lack of "robust critical thinking and challenge within and between agencies" and concluded that the multi-agency network is "too fragmented" (Child Safeguarding Review Panel, 2022). My thesis raises that systematic issues around funding constraints and reduced resources within the safeguarding network contribute to these issues in multi-agency working. Given practitioners understand that barriers they encounter have a systematic cause, this may impact their decision to directly confront other agencies, leading to a lack of critical challenge. This is extremely relevant to contemporary safeguarding discussions as the government is reviewing the 'working together' guidance with the view to strengthening multi-agency working. My research indicates that reviewing guidance without addressing the resource pressures across the safeguarding network will not resolve these issues.

Additionally, the Chief of Ofsted, Amanda Spielman, has criticised school staff prioritising safeguarding responsibilities during the pandemic. She has suggested that prioritising the most disadvantaged pupils through measures such as the delivery of food parcels may have come at the cost of the wider educational offer for children during COVID-19 (see Weale, 2021). Regardless of whether this assertion is correct, my findings can support policy stakeholders to understand why and how practitioners prioritised during the pandemic, explaining how it was a coping mechanism for tensions exacerbated by the widespread school closures. For example, through James's case we saw concerns about not being a protective factor for children and the ambiguity about the role of education staff during online learning. Furthermore, since my research shows that the multi-agency network and safeguarding knowledge are both significant components of tensions, to understand the response of school practitioners during the pandemic, it is insufficient for policy stakeholders to try and separate schools' responsibilities for teaching and learning from the wider safeguarding network they not only operate in but are widely considered to be a critical component of. Therefore, the argument arising from this thesis is that policy stakeholders such as Ofsted would be better positioned to direct prioritisation differently by understanding these tensions.

8.3   Reflections on the Research

As I put forward in chapter three – the methodology chapter – there are many strengths in the design of this research, justified by the extensive, rich data generated over 18 months. During this time, I was able to engage a wide range of practitioners working with children and young people, including participants from health, education, social care and the voluntary sector. The longitudinal design enabled me to analyse coping responses over time, capturing changes in how

tensions were experienced and responded to. In the second stage of the research, the interviews provided a detailed account of participants working practices and how these were affected by COVID-related restrictions at different stages. Meanwhile, the diary entries I received provided valuable insights into how practitioners experienced and navigated the challenges they encountered, especially during the reopening of services following the lockdown.

However, I could not answer all the questions I initially set out to, primarily due to the unforeseen obstacles imposed by the pandemic, including the inability to do in-person observational research. As a key component in street-level research, participant observation was an important element of my original stage two design, and consequently, I've found the restrictions on in-person research affected my access to research data on coping behaviours, which participants are less likely to self-report during an interview (Tummers et al., 2015). It also meant I could not observe how tensions are collectively navigated during statutory multi-agency meetings, which I was keen to investigate given my professional experiences of these meetings.

At the same time, the pandemic presented opportunities which I have tried to take advantage of. The pandemic heightened the importance of effective multi-agency safeguarding, with early indicators of increased incidences of non-accidental injury (Sidpra et al., 2020) and a decline in referrals to children's social care (Ofsted, 2022). I was in an ideal position to capture the impacts of the pandemic for delivery-level safeguarding practitioners, including the tensions that the pandemic was generating for them. Chapter six attests to the significant insights gained by analysing such tensions, revealing important knowledge(s) held by practitioners in the pre-pandemic context about the importance of seeing children.

However, capturing these tensions generated by the pandemic required me to rapidly unpick my research design and evaluate the applicability of my research questions and framework for the new context. With the benefit of time, it is clear there has been more continuity than change with the theoretical framework and research questions, though this was not clear in the early stages of the pandemic due to the unprecedented scale of disruption. The main change I made was a shift to a broader investigation of safeguarding processes, rather than my previous focus, which was centred around the child protection planning process. Making this shift enabled important insights about tensions in safeguarding to be captured, including tensions around thresholds for support and responsibilities for seeing children. However, there is scope for further analysis of coping within the child protection planning process. For example, the two social worker accounts that I referenced in chapter five, from Bryony and Leon, indicate that important multi-agency dynamics are at play in allocating work during statutory meetings.

Finally, while it was disappointing to have to make substantial revisions to my research design at a late stage, the methodology has been strengthened through the process. The methodological consideration involved in adapting and adjusting the research design has given me a greater understanding of each method used and its purpose in the study. For example, exploring the implications of shifting to remote methods required me to analyse the strengths and weaknesses of in-person research, something I had not previously considered, given that in-person interviews were the norm. Though the observational component was abandoned, I had to think through how I might access some of this insight through other means, which prompted the introduction of the audio diaries. This enabled some of the day-to-day reflections of practitioners to be captured in a much less intrusive manner than observational research and is a method I would like to develop further in the future. Through this process of adaption, I also gained a greater understanding of the nature of challenges that can arise within research and the tools available to manage obstacles.

8.4   Areas for Further Research

There are three key areas of further research that would build on the findings presented in this thesis. Firstly, there is significant scope to further examine the links between practitioner experiences of tensions and the retention of frontline workers. In this thesis, I have posited that exposure to tensions, especially chronic tensions, is a driver for staff burnout because practitioners experience it as emotionally distressing. I have established there are links here to the work on moral injury being advanced in health (Williamson et al, 2020) and more recently social care contexts (Reamer, 2022). Such research is important, because it suggests that in order to resolve staff retention and turnover, attention to moral and ethical dilemmas is needed, not only to pay and conditions (Haight et al., 2017). Given my focus on the experiences of current practitioners, there is scope for research which examines the experiences of former practitioners, including those who have been absent from work due to symptoms of stress and burnout. Such research could ask whether exposure to tensions contributed to their decision to leave and generate valuable insights into the coping process, including how practitioners determine when mentalities of coping are no longer tolerable.

Secondly, there is significant scope to research rationing in children's safeguarding contexts across a number of domains. Tension around thresholds is a potential starting point for such a project. There is a developing literature on thresholds within children's safeguarding contexts, such as the ethnography research conducted by Saltiel (2016) in social work and Hood and colleagues' (2020) contribution on drivers for demand. However, as I discussed in chapter five, examining thresholds as a rationing strategy allows for a consideration of how the other forms of

rationing identified by Devaney (2019) may be a feature of multi-agency dynamics, such as rationing through deterrence and deflection. Linked to this, there is scope for research examining multi-agency coping within settings such as child protection conferences, considering how practitioners decide on interventions and allocate tasks in the context of resource pressures.

More quantitative research in this area would be useful to capture if there are differences in thresholds for significant harm across different local authority areas and if there are differences in understanding of significant harm between agencies. An adaptation of the hypothetical case study designed for this research could be used as part of a survey of professionals involved in children's safeguarding to facilitate this comparison. As a tool, the vignette is flexible and could also be adapted to explore wider multi-agency tensions in the child protection process, which it is well suited for since it brings professionals into dialogue as they discuss the same case.

Finally, in chapter six, I outlined the important knowledge claims held by practitioners on the importance of seeing, and there is significant scope to explore this in more depth, as I have already indicated. There is existing research on discourses of complexity in child protection planning (see Hood, 2016), but, to my knowledge, there is little literature critically exploring discourses associated with child invisibility used by frontline practitioners. Building on the findings of this research, such a study would be extremely useful to understand where this knowledge at the front line comes from, how it is reinforced by other actors and its consequences for practitioners and safeguarding practice as a whole.

8.5   Beyond the Pandemic: Still Safeguarding Children Under Pressure

The research I have presented in this thesis took place in the 18 months to January 2021, with the second wave of the pandemic ongoing and a third UK lockdown underway. Many features of the data generated are unique to this period. For example, participants make numerous references to the challenges and obstacles to implementing COVID-19 mitigations in their working contexts. However, I have demonstrated the longer-term relevance of the findings by showing the applicability of the framework I developed for understanding tensions and coping in both the pre-COVID and COVID contexts. There are many indicators that pressure within children's safeguarding has continued since I concluded the research for this study. I will finish this thesis by discussing the continued relevance of my research to the new post-pandemic context.

In the opening paragraphs of this thesis, I referenced that children's services were already "at a breaking point" before the pandemic, due to "constricted funding and ever-increasing demand" (Housing, Communities and Local Government Committee, 2019, p.3). Ofsted's Recovering from the Pandemic report (2022, para. 1) states the COVID-19 pandemic put specific pressures on

children's social care and "exacerbated existing challenges". The demand for statutory safeguarding interventions has already increased, with referrals up by 8.8 per cent since 2021 (DfE, 2023c). This comes after a significant rise in referrals, assessments and interventions over the last decade; the number of children in care has increased by 23 per cent in the past decade and the number of Section 47 (child protection) assessments by 78 per cent (LGA, 2022).

The cost-of-living crisis, which has seen a sharp decrease in the real value of wages and benefits, adds to these pressures. Ofsted (2022) reports that safeguarding practitioners are concerned demand will rise further still because of the financial strains on families. There are multiple explanatory theories for why it is the case, but evidence consistently shows a strong link between poverty and children experiencing child abuse and neglect (Skinner, Bywaters and Kennedy, 2023). Higher costs also exacerbate existing budget challenges if funding does not rise in line with inflation. Analysis by the Local Government Association (2023) has indicated an existing shortfall of £1.6 billion per year within children's social care before inflation is accounted for. The £200 million of additional funding introduced by the government as part of their recently announced sector-wide reforms (DfE,2023a) falls far short of the kinds of investment key stakeholders have argued is needed. For example, a recommendation of the Independent Review of Children's Social Care (MacAlister, 2022) was that at least £2.6 billion was needed over four years.

The 'great resignation' – a term coined to capture the high number of resignations following the pandemic – adds to these pressures. Ofsted (2022 para. 88) states, "problems with recruiting and retaining staff are the greatest challenge the sector currently faces". The number of children and family social workers leaving is up 9 per cent from 2021 and is the highest in the Children's Workforce time-series (DfE, 2023b). The same data shows one in three children's social workers leave in their first two years of qualifying. Worker shortages and high turnover generate significant challenges for those who remain, meaning the "demands of an already challenging job can become unsustainable" (Ofsted, 2022, para. 76). It also means newly qualified staff have fewer colleagues to learn from (Ofsted, 20220). Although less acute than social care, issues of retention and turnover are problems across the wider safeguarding network. A survey from the Institute of Health Visiting (2023) found 48 per cent of health visitors intend to leave in the next five years, and three in 10 teachers leave in their first five years of qualifying.

These factors indicate that resource pressures and dysfunctionalities continue to constrain the working conditions of safeguarding practitioners, contributing to the tensions I have outlined in this thesis. There also continue to be concerns about children being seen. For example, Ofsted (2022, para. 42) reports that health visiting services are not running at pre-pandemic levels, meaning there is a "risk that, with less contact, identification of children's vulnerability and needs

may be delayed". Therefore, while safeguarding practitioners may no longer be confronted by the specific challenges of the pandemic itself, those working with children and families in safeguarding situations continue to be faced with tensions concerning how to do their jobs in circumstances of high demand and constrained resources. Those working with children and families in safeguarding situations continue to face tensions arising out of their responsibilities of working with risk and doing so as part of a fragmented multi-agency network, which is perhaps being further fractured by high staff turnover. How these practitioners navigate these pressures and demands is important, because it is through their everyday actions that the work of safeguarding policy is achieved. This thesis offers an understanding of some of the strategies that practitioners may be using to cope with these circumstances and the consequences such strategies have for effective multi-agency safeguarding work.

Appendix A   Stage One Participant Information Sheet

Study Title: Understanding frontline coping strategies in child protection processes. Stage one: a scoping study with senior managers.

Researcher: Rebecca Gardner

ERGO number: 52014

You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others, but it is up to you to decide whether or not to take part. If you are happy to participate, you will be asked to sign a consent form.

What is the research about?

The piece of research you have been asked to participate in comprises the first stage of a PhD project exploring the strategies used by frontline child protection workers to manage the contradictory pressures they experience in their work.

Exploring frontline coping is important, as research indicates that practitioners may be finding it harder to find ethical ways of managing the increasing demands of their work. Research in other policy areas has found that the strategies developed by staff to manage their work can deviate from policy intentions, without being picked up in key performance indicators. Additionally, there is a link between management strategies used and staff retention. Therefore, this research will provide an essential contribution to current knowledge regarding the realities of frontline child protection practice and the consequences of the strategies used by the workforce to manage these.

This first stage of the study will involve conducting scoping interviews with senior managers who have responsibility for child protection and safeguarding. The purpose of these discussions will be to gain feedback, comment and reflection on the themes of the project as well as consider the feasibility of research in this area. The findings of this stage will help to shape the subsequent design and implementation of the study.

This research will contribute to the completion of a PhD in Sociology and Social Policy with the University of Southampton and is funded by the Economic and Social Research Council (ESRC).

Why have I been asked to participate?

You have been asked to participate in this research as you are a manager with responsibilities for safeguarding children. Senior managers from several different local authorities and non-statutory services have been invited to participate in this research. As a senior manager, you have a unique and invaluable perspective on issues relating to frontline child protection delivery. Additionally, as a potential stakeholder, your views are essential for the shaping of the subsequent design and implementation of the study.

What will happen to me if I take part?

If you agree to take part, we will arrange a convenient time and place for either a face to face or telephone interview. During the interview, I will ask you some open questions on matters relating to organisational pressures in child protection work, your current concerns about child protection practice, as well as gain your feedback on my research ideas. The meeting is expected to take 30-40 minutes and will be an informal, conversational style interview. The interview will be recorded

and subsequently transcribed, at which point all identifiable information will be replaced with a pseudonym, including the organisation you work for and any other named individuals or organisations in the interview.

Following our meeting, you can choose to be updated about the research as it develops. Any further involvement from you or your organisation is not an expectation of your participation in this particular study, and any future studies would be subject to ethical approval.

Are there any benefits in my taking part?

While there will not be any direct benefits to participation, I hope that you will find our meeting interesting and value the opportunity to shape the direction of research in this area. By supporting this research you will be contributing to the generation of knowledge, which is of benefit to wider society, as well as to those with a specific interest in safeguarding children.

Are there any risks involved?

There are no significant risks to participation in this research, and you can decline to answer any questions if you wish to. Additionally, the interview can be finished early if you experience distress or discomfort during the meeting.

What data will be collected?

A voice recording of the interview will be taken and later transcribed into a text document at which point all identifiable information will be removed or replaced with a pseudonym. This includes any data relating to your location, your place of work and any other named person or organisation. The voice recording will be destroyed after it has been transcribed.

Other data collected will include your name, job title, place of work and work contact details. This will be stored securely in a separate location to the pseudonymised transcript. This information will only be used to contact you if you have consented to this on the consent form.

Will my participation be confidential?

Your participation in the research and the personal information we collect about you during the course of the study will be kept strictly confidential.

Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

The personally identifiable information we hold will be stored in a password protected folder on University of Southampton servers, which are encrypted. Any paper documents will be stored in a lockable bag in transit and destroyed once uploaded to the folder.

As already stated, the audio recording of the meeting will be destroyed after the contents have been transcribed at which point identifiable information will have been removed or replaced with a pseudonym. You may be directly quoted in research outputs, but you will not be named or identified as a participant in the research.

Do I have to take part?

No, it is entirely up to you to decide whether or not to take part. If you would like to take part, please indicate this via phone or email to the primary researcher, who will then contact you to arrange a meeting. You will then be asked to sign a consent form to confirm your understanding of what is involved and for your participation in the project.

What happens if I change my mind?

You have the right to change your mind and you can request to withdraw from the research, without giving a reason, by contacting the primary researcher whose details are at the bottom of

this information sheet. Your participation in the research can be withdrawn up until 31st March 2020. After this date, withdrawal requests can be made but the right to withdrawal cannot be guaranteed.

What will happen to the results of the research?

The results from this stage in the research will be analysed and will inform the second stage of the research project, which will involve frontline workers. If you would like to receive a summary of the findings of initial or subsequent stages in the research process, please indicate this to the researcher.
All ESRC funded students must offer their research data to the UK Data Service repository for the benefit of future research. You will, therefore, be asked to consent for the data being submitted to the repository for the benefit of future research. This data will be in the form of anonymised transcripts so you and your organisation's participation in the project will not be known. Any researcher seeking to use or access data through the repository has to be registered and agree to strident access conditions, which exclude commercial use.

Where can I get more information?

The primary researcher is Rebecca Gardner (known as Bea) who is happy to discuss further any aspect of the research before your participation.

Bea.gardner@soton.ac.uk or work mobile number [redacted]

What happens if there is a problem?

If you have a concern about any aspect of this study, you should speak to the researcher who will do their best to answer your questions.
If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

Thank you.

Thank you for taking the time to read this information sheet and considering taking part in this research project.

Appendix B   Stage One Consent Form

Study title: Understanding frontline coping strategies in child protection processes. Stage one: a scoping study with senior managers.
Researcher name: Rebecca Gardner
ERGO number: 52014

Participant Identification Number:

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (12/08/19, Version 2) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used and stored for the purpose of this study.	
I understand my participation is voluntary and I may withdraw up until 31/03/2020, for any reason, without my participation rights being affected.	
I agree to take part in the interview for the purposes set out in the participation information sheet and understand that this will be recorded using audio, which will be transcribed and then destroyed.	
I understand that my words may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used).	
I give permission for an anonymised transcription of our interview to be submitted to the UK Data repository and held by the University of Southampton as described in the participant information sheet so it can be used for future research.	

Name of participant (print name)………………………………………………………

Signature of participant…………………………………………………………………

Date………………………………………………………………………………

Name of researcher (print name)……………………………………………………

Signature of researcher ………………………………………………………………………………….

Date…………………………………………………………………………………

Appendix B

Optional - please only initial the box(es) you wish to agree to:

I consent to my name and contact details being securely stored by the research team and used for the purposes of updating me on the research project.	
I consent to my name and contact details to be securely stored by the research team and used for the purpose of inviting me or my organisation to participate in further stages of the research project.	

Signed (participant)_____

Date_____

Researcher_____

Date_____

Appendix C   Stage One Interview Schedule

|Opening|

- **Introductions and thank you**
- **Participant Information sheet**
- **Questions**
- **Consent Form sign**
- **Turn on the recording device**

|Body|

1) **ABOUT THE ROLE AND ORGANISATION/ MANAGEMENT**
   a. Current role and responsibilities
   b. Professional background
   c. Who would the "frontline" staff be in the organisation?
   d.   Involvement in specific cases? (How involved in specific cases?)
   e. How important do you see the role of senior management and assurance for what happens at the front line in safeguarding?

2) **CURRENT PRESSURES ON THE SERVICE- THE INDIVIDUAL, ORGANISATIONAL AND MULTI AGENCY RESPONSES TO THIS**
   o What would you say the main pressures or frustrations are for your service as a whole?
   o How does this impact safeguarding in the [organisational setting]?
   o Do you have any concerns with the impact these pressures are having on frontline staff, particularly in terms of their safeguarding work?
   o How has the organisation managed/ attempted to manage and respond to current pressures?
   o When it comes to wider public sector pressures- what impact is this having on how agencies work together? e.g. Do those who make safeguarding referrals receive updates or outcomes of referrals?
   o Overall, what remains a problem/ challenge in frontline child protection- what concerns have you for how services are being delivered?

3) **FUTURE DIRECTIONS**
   a. When it comes to our safeguarding system, what do you think needs to be different or better? How could it be achieved?

4) **NEXT STAGE OF RESEARCH**
   a. From a [agency/sector/professional] perspective, what would be useful for this research to find out for you?
   b. For the next stage I will be seeking to shadow and interview frontline workers- do you think that would be feasible from your perspective?

|Closing|

Is there anything else of relevance you think it would be worth me knowing about? Do you have questions for me about the research so far?

Turn off recording device
Keep informed about research?

Appendix D   Stage Two Participant Information Sheet

Study Title: Understanding how frontline workers involved in children's safeguarding are managing challenges generated by the COVID-19 outbreak.
Researcher: Rebecca Gardner
ERGO number: 52014.A3
You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.

What is the research about?
The study you have been asked to participate in comprises part of my PhD research on multi-agency child protection planning.

I am interested in finding out how existing pressures across the public sector, combined with the current COVID-19 outbreak, are impacting on how different agencies engage in the child protection process. In the current crisis, all frontline agencies face a dual-task; of responding to and implementing measures to reduce the risk of the virus, while continuing to identify and protect children from other potential harms, including those exacerbated by the coronavirus and containment measures. The decline in referral to children's services since the start of lockdown has heightened concerns that covid-19 containment measures are making vulnerable children invisible to professionals at the same time as factors known to increase the risk to children, such as domestic violence incidences, are escalating.

The main goal of this research will be to understand how frontline practitioners and their agencies respond to these pressures and the challenges COVID-19 poses for children's safeguarding work. This study will identify what strategies agencies are using to keep multi-agency working during the epidemic and how they are continuing to provide support for children and families. It will also explore the implications and limitations of the responses being deployed at different stages of the pandemic, including how pressures and tensions which existed before the outbreak are having an impact. The research will explore these questions and as a result, contribute to a better understanding of current multi agency working processes. The expected outcome of this research is that it will help policymakers and organisations to understand how their policies, particularly the COVID-19 containment policies, are playing out 'on the ground'. The research will also contribute to learning best practice from this crisis, feeding into the ongoing debate about the future of child protection.

This research will contribute to the completion of a PhD in Sociology and Social Policy with the University of Southampton and is funded by the Economic and Social Research Council (ESRC).

Why have I been asked to participate?
You have been asked to participate as you are a practitioner involved in work with children. As a frontline professional, you are best placed to provide an insight into how the virus is impacting child protection work. If you choose to take part, you will be one of approximately 25 participants recruited for this study from various agencies and local authority areas.

What will happen to me if I take part?
If you choose to take part in the study, you will be asked to sign a participant consent form and return this to me electronically. The study consists of several stages, you are invited to participate in all stages but can opt out of some or all at any point. This is explained later on.

1)   Initial Interview- June/ July 2020

You will then be invited to a remote interview using Microsoft Teams. This will take approximately 40 minutes. During the interview, you will be asked questions about your current working practices, challenges to safeguarding children in the current climate and suggestions for what could be improved. If you do not wish to use this platform, we could also interview via phone call; please specify if this is something you would prefer.

2)   Audio recordings- July-October 2020

If you choose to continue with the research, you will be asked to send me periodic audio messages, providing an update on your working circumstances during the outbreak. These will be like short audio-diaries documenting how the virus impacts your working life. You can determine how frequently and how long your recordings are, but as a guide, I would suggest these be 5-10 minutes long, at least once a fortnight for the next 3-4 months. You will need to record your messages on a dedicated research voicemail. If you chose to complete the audio recordings, you will be given some prompt questions to help you to consider your response and detailed guidance on what you need to do.

3)   Concluding interview- November/ December 2020

At the end of the research, I would like to have a final remote meeting with you, to thank you for your participation and provide an opportunity to reflect on how the situation has unfolded since the initial interview took place. This will be approximately 45 minutes, conducted remotely at a convenient time to you. As part of this interview, I will also ask questions about the audio diaries, if specific things have come up of relevance to discuss.

I will be available via email and telephone throughout the research to discuss developments in your work or personal situation and to give technical advice on the audio recordings or remote interviews. If you opt into audio recordings, I will send you fortnightly reminder emails which will also update on any adjustments to the research timings and remind you of your participant rights.

Are there any benefits in my taking part?

While there will not be any direct benefits to participation, I hope that you will find participation in the study interesting and the opportunity to reflect on the impact of the virus helpful. By sharing your frontline experiences, you are making a valuable contribution to knowledge in this area. This knowledge could form the basis of improved organisational processes in the future. It is also hoped this research will inform future design and implementation of child protection policy, applying lessons from this outbreak on practice.

Are there any risks involved?

The risk to you by participating in this research is low. The main potential risk would be of emotional distress as a result of reflecting on challenging or emotive parts of your work, including the current virus. If this becomes the case during any part of the research, we can move on to a different question or finish the interview early. I will send a research information pack to you, which includes information about support options for frontline staff during this time.

What data will be collected?

A voice recording of the interview will be taken and later transcribed into a text document at which point all identifiable information will be removed or replaced with a pseudonym. This includes any data relating to your location, your place of work and any other named person or organisation. The voice recording will be destroyed after it has been transcribed.

I will also listen to your audio diaries and transcribe these into a text document, also deleting any direct references to you, your organisation or the people you work with.

Other data collected will include your name, job title and place of work. This will be stored securely in a separate location to the anonymised transcript. This information will only be used to

contact you to arrange the initial interview and subsequent observations.

Will my participation be confidential?
Your participation and the information I collect about you during the research will be kept strictly confidential. Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people must keep your information, as a research participant, strictly confidential.

All personally identifiable information I hold will be stored in a password-protected folder on University of Southampton servers, which are encrypted. As already stated, the audio recordings will be destroyed after the contents have been transcribed at which point identifiable information will have been removed or replaced with a pseudonym. You may be directly quoted in research outputs, but you will not be named or identified as a participant in the research.

Do I have to take part?
No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to sign a consent form to show you have agreed. If you agree to take part, you will need to contact bea.gardner@soton.ac.uk to arrange your initial interview.

What happens if I change my mind?
I also understand that circumstances may change for you during the study, and you can request to withdraw from future involvement at any point. You also have the right to change your mind and request to withdraw from the research altogether, including research you have already been involved with, without giving a reason. Your complete participation in the study can be withdrawn until two calendar weeks from your initial interview. Partial withdrawal can be guaranteed for the two weeks after data submission, for example, for the two weeks after an audio diary recording. After this date, withdrawal requests can be made, but the right to withdrawal cannot be guaranteed as your data may have already been processed and used. If I cannot entirely withdraw you from the study, I will keep the information about you to achieve the objectives of the study only.

You can request to withdraw from the study by contacting me (Bea Gardner). My contact details are at the bottom of this information sheet.

What will happen to the results of the research?
The research will contribute first and foremost to my PhD thesis, but following this, the research findings will be disseminated through academic and professional conferences, publications and networking events. I also hope to produce a policy briefing on the COVID-19 outbreak and how it impacts on children's safeguarding. Your personal details will remain strictly confidential. Research findings made available in any reports or publications will not include information that can directly identify.

All ESRC funded students must offer their research data to the UK Data Service repository for the benefit of future research. You will, therefore, be asked to consent for the data being submitted to the repository for this purpose. This data will be in the form of anonymised transcripts so you and your organisation's participation in the project will not be known. Any researcher seeking to use or access data through the repository has to be registered and agree to strident access conditions, which exclude commercial use.

In addition, there may be opportunities for me to use your research data for related COVID-19 research projects, separate to this current study. Any additional research would be subject to appropriate approvals for using secondary data and any transcripts used for this would be in an anonymised form. You do not have to give consent for your transcripts to be used for further

study, but you will be asked to give optional consent if you so wish.

Where can I get more information?
You can contact me via email at
Bea.gardner@soton.ac.uk or work mobile number [redacted]

What happens if there is a problem?
If you have a concern about any aspect of this study, you should speak to me, using the above information and I will try my best to answer your concerns.
If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

Thanks for taking the time to read this information sheet and considering participation in the research, I hope to hear from you soon.

Appendix E   Stage Two Written Consent Form

Study title: Understanding how frontline workers from multiple agencies manage tensions in child protection planning processes.
Researcher name: Rebecca Gardner
ERGO number: **52014.A3**

Participant Identification Number*:*
Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (26/05/20, version 4) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	
I understand that taking part in the study involves a remote interview which will be audio recorded. The audio recording will be transcribed and then destroyed for the purposes set out in the participation information sheet.	
I understand my participation is voluntary and I may withdraw for any reason without my participation rights being affected up until two calendar weeks from my last involvement in the research (e.g. from the date of my initial interview/ audio recording)	
I understand that I may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used).	
For participants creating audio diaries only:	
I agree to take part in audio diary recordings for the purposes set out in the participation information sheet.	
I understand that the audio recordings will be securely stored, transcribed and then destroyed by the primary researcher.	

Optional - please only initial the box(es) you wish to agree to:

I give permission for my anonymised transcriptions to be used by the primary researcher for related research on the impact of COVID-19 on frontline work, subject to appropriate secondary data approval being granted.	

Appendix E

I give permission for an anonymised transcription of our interview to be submitted to the UK Data repository as described in the participant information sheet, so it can be used for future research.	
I consent to my name and contact details being securely stored by the research team and used to update me on the research project at a later date	

Name of participant (print name)……………………………………………………………………………

Signature of participant……………………………………………………………………………………….

Date……………………………………………………………………………. ………………..

Name of researcher (print name)……………………………………………………………………………

Signature of researcher …………………………………………………………………………………….

Date……………………………………………………………………………………

Appendix F   Stage Two Interview Schedules

A template of the structure for the interview. Framing of questions to be adapted to specific context of participant roles and additional role related questions added.

F.1   Wave one interview schedule (draft)

Main theme	Question and prompts
Introduction	- Welcome, personal check in with participant - Confirm timings for the interview and if they are familiar with the software - Summarise participant information pack and answer questions about research - Verbally re-confirm consent.
Unfinished Sentences **Activity-** paste into chat	My current job title is…. I have been doing my current job for… Other safeguarding roles I have had include… The technology I use for my work is… I wanted to take part in this research because… The most challenging part of lockdown was…. During lockdown I am proud of… I would like my pseudonym (fake name) for the research to be…
Initial stages of pandemic- **impacts on work**	1) What did your working arrangements look like prior to the pandemic and how has that changed now? 2) Thinking back to the very early days of the pandemic, at what point did the risk of the virus start to be discussed seriously within the organisation? At what point were measures put in place regarding spread of the virus? 3) What were the immediate challenges for your service when lockdown decisions were announced- and in the first few days and weeks of lockdown? 4) How else have your working practices changed since the covid outbreak began?
Multi-agency working	How has multi-agency working been impacted by COVID-19? What has worked well/ not well? How are multi-agency communications taking place?
Safeguarding and covid	What have been your main safeguarding concerns for children/ YP during the pandemic?

	How have your abilities to respond to safeguarding concerns been impacted by social distancing and other COVID-19 measures?
Organisational and individual coping	How well do you think the organisation has adapted to these challenges? How have you been supported during this period e.g., have supervisions, team meetings gone ahead? What could be improved?
Future	What is the future looking like for you and the service at the moment? Have you got any particular hopes or fears about this? Is there anything brought in under COVID you would be keen to hold on to? Is there anything else that could be learnt from COVID so far you think is important to be highlighted about anything we have discussed?
Closing	- Anything additional to add? - Ongoing involvement/contact with research team- audio diaries? - Look after yourself. - Reminder of right to withdraw

F.2   Wave two (repeat) interview schedule (draft)

OPENING

Welcome, check in, timings, questions & confirm consent to record

BODY

1) **General update/ ease into interview**
   a. How have things been since we last spoke?
   b. How did you find making the audio diaries?
2) **Vignette Activity [if applicable]**
3) **Specific questions including audio diary probing**
   a. Working with other agencies: challenges and barriers to effective working- same or different from pre-pandemic?
   b. Isolation and individualised working practices, being away from the team and effect of this.

    c. Practitioner morale, sense making of the pandemic and response, still in it together?

    d. Comparison of earlier concerns (children being invisible and big rise in referrals when schools opened) with now, what has changed? Were previous concerns realised?

    e. What stands out over the whole period of study? highs, lo

    f. Perspectives for the future, including funding related and service organisation plans.

CLOSING

- Anything additional to add?
- Thank for participation, reminder of wellbeing information
- Reminder of right to withdraw

F.3   Vignette hypothetical scenario

The vignette will be tweaked to fit the nature of the role of the participant and not all participants will be guided through all six stages of the vignette. The text is copied onto slides, to be screen shared with participants. As a general guide:

- Part One and Part Two suitable for all participants and focus on identifying and raising concerns.
- Part One through to Six aimed at those whose role is intricately involved in formal child protection processes and focus on working with other agencies to implement appropriate support.
- Possibility to stop after Part Four if participant has already given detailed answers/ time a factor.

INTRODUCING THE ACTIVITY

At start of the activity, I will explain:

- the scenario is hypothetical.
- A tool to explore the processes of doing safeguarding work and the sorts of challenges that practitioners experience when doing this.
- Will show the scenario on the screen, either I can read out or you- then answer questions after each slide.

- no right or wrong answers and the case may well develop differently to how the participant expects, which is something we can explore further.

- Finally explain I am not familiar with their work processes or guidance, so feel free to expand on relevant procedures and if these are specific to their profession or institution.

PART ONE: INITIAL CONCERNS

Sarah is a [same or similar role to professional being interviewed] who has been made aware that Tilly, a 5-year-old child, has been complaining of being hungry. Tilly has also said that her mum, Kerry, is asleep in the morning and so she has been making her breakfast herself.

Sarah is aware that Kerry has struggled with her mental health and this has got worse since the local area moved into tighter COVID-19 restrictions, preventing the children's grandmother from helping out at home. Kerry's partner, who lives with them, mainly works nights and Sarah hasn't met him before.

- **If you were Sarah, what would you be thinking of doing next?**
- **Who else do you think Sarah will talk to? How you expect that/those conversation/s to go?**
- **Do you think it is worthwhile for Sarah [or a designated lead] to contact children's safeguarding? Explain your answer.**

PART TWO: FURTHER CONCERNS

Since a weekly food parcel and meal vouchers were provided, Tilly is no longer complaining of being hungry and seems to be settling down better at school. Her teacher has reported that she is making good progress in the class. However, her teacher also reports that she has recently started to be teased by other children in class and staff report that her uniform doesn't seem to be washed regularly. Kerry, Tilly's mum, hasn't been dropping Tilly off at school recently either with Tilly's older sister who is 14 bringing her in on her way to secondary school. Because of this staff have not had the opportunity to discuss the uniform or teasing with Tilly's mum or dad. Sarah knows that Tilly's family live outside of the catchment area since being moved into temporary accommodation the other side of the city. Sarah worries it is a long journey to make without a parent.

- **What do you think Sarah's main concerns are regarding Tilly and her family's situation?**
- **Does Sarah report this additional information to children's safeguarding?**
- **What barriers do you think are in the way of supporting Tilly's family through their current situation? What can Sarah do about these?**

PART THREE: INVITE TO CONFERENCE

Four weeks later, Sarah receives an invite to a child protection conference for the family, it is scheduled to take place in 4 days, taking place online. She hasn't had any direct information passed on, but the invite seems to indicate that the Tilly, her younger brother Nelson (2) and older sister Kacey (14) are now living with their maternal grandmother. The invite also states there are concerns the children are experiencing neglect following a police call out to their home. The invite states which other professionals have been invited to the meeting but does not include contact details for the parents, the maternal grandparent or other professionals.

- **What do you think Sarah's immediate thoughts are when she receives this invite?**
- **What do you think the main actions Sarah needs to take on receiving this invite?**
- **What challenges or barriers do you think Sarah might face when carrying out these tasks?**

PART FOUR: THE CONFERENCE

Sarah can attend the Initial Child Protection Conference, which takes place virtually via teams. Kerry and her partner Kevin join via phone as they do not have a stable internet connection. Also in attendance is the Social Worker, School Nurse, Health Visitor, and Designated Safeguarding Lead for Kacey's school and for Tilly's School [delete agency of participant].

During the conference, the social worker is asked to summarise the main concerns about the family. After which, other professionals, including Sarah, are invited to add their concerns. Finally, the chair asks the advocate to summarise the children's views. Kerry and Kevin add comments intermittently throughout. The following picture emerges [read out]:

The family has been living in temporary accommodation provided by the local council after being evicted due to rent arrears last year. Kevin works part-time and mostly nights. The accommodation is a two-bed flat on the third floor and all three children are sharing one room. They also have a large dog. The police report entering the property following a welfare call from a neighbour and found clothes, toys and bin bags "all over the place" as well as dog faeces on the floor. The social worker reports there are bedbugs and cockroaches in the house. Kerry explains that the whole building has an infestation with cockroaches, which the social worker confirms. The police share they believe that the smell of cannabis was reported at the initial call-out, but there is no conclusive evidence as to whether drug-taking is an issue in the case. The health visitor is concerned that Nelson has not yet had his two-year check and it was not possible to arrange it before the conference as grandmother was anxious about professionals visiting the home and spreading the virus. The nursery remains partially closed and is not present to provide an update.

Appendix F

The advocate shares that Kacey wants her mum and dad to get help with money and that all the children want to know when they can go home. All agencies agree that both parents love their children and they are a close family.

- **What do you think Sarah's thoughts are during the conference?**
- **How does Sarah express these thoughts during the meeting?**
- **What do you think should be in the child protection plan for this family?**
- **How do you think the other professionals put forward their views during the meeting?**

PART FOUR: AFTER THE MEETING

A plan is put in place with the view for the children to return home after it has been deep cleaned and new furniture provided via a charity to get rid of the bed bugs.   The two parents will attend a budgeting course. The children will have extra support at school and school and Nelson will be invited to the clinic to have a check-up from the health visitor. Sarah remains concerns that the accommodation is not suitable for the family, especially during continued lockdown restrictions and wonders if something closer to school was found then the situation would be much better for everyone. However, Sarah knows that housing is notoriously difficult to resolve in this area and also that it isn't in her remit. She does ask if there has been any update from housing or if anyone has sent apologies to the meeting. The social worker says she is waiting to hear back from housing but while the family has rent arrears, they will not be able to be rehoused anyway.

- **If you were Sarah, how would you be feeling about the plan in place and the families case?**
- **What do you normally do after conferences?**
- **[Option to stop here if lengthy, detailed discussion taken place, or continue to develop further insight].**

PART FIVE: REVIEW CONFERENCE

By the time the next review comes around, all the children are living back in the flat which has new furnishing and has been deep cleaned. However, schools have become concerned that the children are arriving late most days. Kerry explains the child element of her universal credit stopped while the children were not living with her and it hasn't yet been reinstated, meaning she cannot currently afford to take the children to school on her income. The situation has been made worse because Kevin has just been told he has lost his job. The decision is made to keep children on plan and review in 6 months.

- **How common are financial issues for the families you work with?**

- **What barriers are there to resolving these?**

PART SIX: A LAC INVITE:

Five months after the review conference, Sarah receives an Invitation to attend an Initial Looked after Child meeting for Kacey, Tilly and Nelson. The conditions of their home deteriorated again and they were not attending school regularly. The children have been returned to the care of the maternal grandmother now under an interim care order.

- **How do you think Sarah feels on receiving the invitation to the LAC meeting?**
- **How do you think the professionals will discuss the case at the LAC?**

What do you think about the case and how it evolved? Would you have wanted things to be done differently?

Appendix G   Audio Diary Guidance

Research title: Understanding how frontline workers involved in children's safeguarding are managing challenges generated by the COVID-19 outbreak.

ERGO number: 52014.A3

Participant Number:

Thank you for agreeing to participate in this research project. You are being asked to record short audio diary entries for the next few months. The purpose of these audio recordings will be to document how your experiences of work develop during the COVID-19 pandemic and recovery period. This document will explain how to record your audio diary and what sorts of things to include, but if anything is still unclear, please contact me to discuss further.

Summary of instructions

1. Leave a voicemail message via the research WhatsApp [redacted].

2. The voicemail message should be 5-10 minutes long, and you should try and answer the question "how has COVID-19 impacted my work this week?"

3. Repeat this process every working fortnight for the next three months (or until you feel that the pandemic is no longer impacting your work in any way).

Guidance for the recordings

How to record? If you have WhatsApp, add the research WhatsApp as a contact (The number is [REDACTED]. If you do not have WhatsApp, call [redacted] from a phone or landline and leave a voicemail message that way. Unfortunately, you will only be able to record a 2-minute message this way, so you may need to hang up and call back a couple of times. I will text you to confirm receipt of audio diary entries.

When to record? You can decide when you make your recording, but I recommend you do it while the memory of the day is still fresh. For example, you may wish to record at the end of your workday or during a break within the day. You can record your message at any time and on any day but aim to keep recordings around 2 working weeks apart.

Where to record? It will be helpful for you to try and find somewhere quiet to make the recording. This may also help you think clearer about what to say.

How long should the recording be? You can decide how long the recording is, but as a guide, I recommend you aim for at least 5 minutes, but you do not need to talk for longer than 15 minutes. You may find the recordings get shorter or longer as you become used to it.

What if I am sick or on holiday? Aim for recordings to be every 2 working weeks. If you have been unwell or have taken leave, then adjust your dates accordingly. For example, make a recording after three weeks if you had a week's annual leave in that time.

What if I forget or miss a recording? If you are unable to make a recording or forget, you do not need to justify or explain this, simply make a recording the next time you can. If a long time has elapsed since your last recording, it would be helpful if you explain a bit about what has changed or happened in between, but only if you want to and have time to. I will send regular reminder emails to help you keep track.

What should I say on the recording?
At the start of your message tell me, your participant number or name, the time of the recording and where you are making the recording.

Then ask yourself the question *"How has the COVID-19 outbreak impacted my work this week?"*
Speak about this until you run out of things to say. Your points can be specific or general. They can include direct impacts (things happening to you) or indirect impacts (things happening to other agencies or people you work with). It could include new things you have to do or things you no longer have to do.
It is okay if you have already given the same answer on a different recording.
Once you have finished speaking, ask yourself the question again and see if you can think of any other answers to the question or other ways you might be able to answer it. If you haven't yet mentioned any safeguarding impacts, finish by thinking if there have been any safeguarding specific implications related to what you have spoken about.
Use examples where you can, but you do not need to give out any personal information or case-specific details.
At the end of the recording simply hang up, or you can also re-record if you are unhappy with your response.
What do I do if I have technical issues? If you get stuck, have any issues with the recording or aren't sure what is expected of you, you are welcome to call or email me, and I'll be happy to help. If you are having trouble starting a WhatsApp chat with me, pass on your mobile number and I can start off the chat.

My work contact details are bea.gardner@soton.ac.uk / [redacted]

How much do calls cost?
WhatsApp messaging is free, unless you are having to pay for mobile data. Phone messages will be charged at your standard rate, unless you opt to record a message via skype, which will be free.

Reminder about flexibility and withdrawal
I understand that during the research, your personal circumstances may change, and you might wish to stop participating in the study. You can withdraw from further involvement in the study without having to give a reason, at any point. Contact me to let me know you wish to withdraw using my contact details above.
If you want to retract or withdraw a recoding you have already made, I can only guarantee this for two weeks after the recording has been received. If I have not yet processed or used your data, then I will happily remove your data from the study. You can read more about withdrawal in the participant information sheet [22/05/20, *Version 4].*

Participant Wellbeing Resources
I hope that you find participation in the study is a valuable opportunity for you to reflect on your experiences of work in these unusual times. However, I understand that aspects of your work may be challenging, stressful or distressing. You do not have to talk about anything in the audio diary that makes you feel upset or distressed. If you do become upset, please feel free to hang up the call.
Below are some links to relevant advice pages and guidance on accessing support services. Please also speak with your line manager or HR/ Occupational Health department for specific details about schemes on offer within your workplace.

NHS Practitioner Help has a range of resources for NHS staff and a guide on wellbeing during COVID-19 available at https://www.practitionerhealth.nhs.uk/COVID-19-workforce-wellbeing

The mental health charity MIND has a range of accessible guides on self-help and accessing support, including this guide on stress at work https://www.mind.org.uk/information-support/tips-for-everyday-living/workplace-mental-health/work-and-stress/

Employee Assistance Programme (also referred to as workplace assistance programmes) are schemes most organisations sign up to for their staff to access. Most offer free advice services, including counselling and legal support.

Access Psychological Therapies through your local IAPT service. Use the NHS service locator to find the details for your area. https://www.nhs.uk/service-search/otherservices/Psychological%20therapies%20(IAPT)/LocationSearch/10008

The Samaritans are available 25/7 by phoning 116 123 or emailing jo@samaritans.org They have also set up a dedicated COVID-19 phone line for NHS and social care staff, more information at https://www.samaritans.org/how-we-can-help/health-and-care/here-listen-support-line-nhs-people/

Trade Union or Professional Associations offer representation on work-related issues for their members, sometimes including financial assistance and wellbeing resources

Appendix H   Unabridged Extracts from James

The extracts below are included in the order they are presented in chapter seven. For each extract I identify how the data was generated (i.e. by interview or audio diary) and the date it was generated with an indicator of what is being spoken about.

H.1   Extract One

From initial interview, 11/06/2020 on the new appreciation James' gained about teachers' role in safeguarding processes.

So, I talked to our year tens because the majority of my teaching time is spent teaching year tens and there was two or three kids that I phoned on that first week back after Easter and got through to mum or dad or whoever was in their parental role and we were just asked to ask if we could speak the kids as well. And that was a really strange… And that kind of brought a few, well they weren't dramatic safeguarding issues, but you sort of ask questions about "how you doing? What have you been up to? Have you accessed any of the Google classroom work?". These kind of things, and you start to find out that some of the kids are like "well, we don't have the Internet" or "we don't have any pens and paper". Any kind of sit there thinking "bloody hell". Maybe we needed to… maybe something that will come out of this pandemic is we take pastoral leadership of classroom teachers a little more seriously. Because it made me reflect on my own practice of the teacher of six years, I have been a form tutor and I have always been a teacher who his kind of, made a point of contacting home, but you find out the stories about young people you wouldn't have known exists. Our protocol at school is that we ever have a concern about young person we log it through our platform and it will go through to the safeguarding team who will do a fantastic job as always, diligently following things. But, actually that kind of almost clicked a lightbulb a little bit for me that I can't just palm this off as "I've rang three kids, job's a goodun". Actually, since then I have made a point of trying to contact kids and I have shared that experience with the team, I've shared that experience with other heads of department and just kind of said, maybe we all have a part to play here and maybe that's something we need to be doing because otherwise the school with 2000 young people… each of our year groups has pastoral head of year who is a non-teaching member of staff, but they all have 300 kids to ring, they are not going to speak to them all and actually we might know kids better than they do, just because we teach them and we get on well with that kid or whatever. Yeah, that has been a big eye-opener actually, to the role that we as teachers have got to play. It has made a massive change to our role, we are not just delivering content actually there is a bigger element to take up

and you know you mentioned about kids who haven't necessarily got a statutory support in place actually informal support that teachers give has been really important to leveraged I think and it's something we've got better at.

H.2 Extract Two

From audio diary sent 10/07/2020, on the feedbacking back of concerns about the one to one tutorials.

So, I had my last set of 1:1 meeting this week with my year 10 students, so my bubble of year 10's, twelve of those, meet them one at a time, 45 minutes a session, and when I spoke previously, I said it could be a bit awkward and feel a bit difficult and it absolutely still does, in many ways. We fed back to the team coordinator on this that as a member of staff we didn't always feel able or confident to make best use of the time and what they sent round, I guess it was helpful, was a guide script that you might use with a kid and the sort of questions you might ask and how you might tease out some of the details of their general sort of wellbeing and state and mind and things. But that in many ways has been quite awkward because they are really well written questions and are really considered and thought out and they did elicit some really fascinating responses, but they are elicited responses you are not necessarily trained to deal with. So, as an example without too much detail, a student confided this week she is really struggling at home and her parents are arguing all the time and it comes down to the fact her dad is being made redundant because of the furlough scheme ending and impact of government policy there and actually that is a situation I am not in anyway trained to deal with, so I've got this quite serious safeguarding concern emerging and it's all well and good for me to sit at my computer, typing my notes up as I go. But actually, clearly, this would have maybe been better if it was delivered by someone more specially trained? And so most of the kids talk great and the conversations were fruitful, if a little bit awkward because you know what it's like talking to teenagers, but that's a great example of where I felt I failed a young person because I don't have the training to make best use of what they are saying to me and there time and so I was very conscious that… and I fed that back and kind of said that in cases where we know students are vulnerable, do we need to put better support in? You know, I flagged this student in my two previous meetings with this girl that I considered she was quite vulnerable and yet I was continuing to work with her, which is fine, I'm happy to do that absolutely do my part because I'll do the best in the situation right? I'll do everything I can. But it just would have been helpful to know how to better support that situation.

H.3 Extract Three

From James' final interview, December 2020, on the idea of a tension coming to a head and work intruding on his life.

The idea of a tension coming to a head really for us in the week back after half term when year 10 was isolating first and then year 9's, the decision was made to close for year 9 as well, and so you kind of like, teachers are timetabled their hours as year 9 and 10 teachers and so there was an expectation, not an expectation, but we were asked "are you willing to teach live lessons" so you are having to think about how you might teach and adapt your resources to deliver a live lessons to your zoom room full of kids but equally a lot of teachers in that moment, particularly myself, and the pastoral role I do, is that it's an amazing opportunity to go and check in on my kids a little bit more. I only teach 1 hour of year 10 a week so for me, them not being in wasn't massive on my teaching timetable but for colleagues who teach a lot of year 10 but also have pastoral roles were like "well do I throw my time into providing online learning for my year 10s or do I spend this time to check in on my key safeguarding kids or my key vulnerable young people who I know are really struggling to adapt". So almost… at least now the whole school is back you know your time is dictated for you. Yesterday I had my year 10 lessons and I was like "right I'm just a teacher now, so I can't be doing anything else" but when they weren't in… and it's not a criticism of the school leadership because they've been amazing but you were left to make your own call on that a little bit and I really felt that as "I'm heading up [a key stage group], I'm also a teacher, where should my time go at this point" like where is my time best spent? So, I'm not sure how well I navigated that period; that was really tricky. And it was a similar issue when we were increasingly having lots of kids isolating, lots of teachers were lik-at one point last week I had a year 11 group of 25 but had 6 of them in the classroom with me, so I was like "should I be delivering this lesson online as well, or should I just be delivering to the kids in the room or should I make a recording to go home?" and you kind of find yourself with these question being thrown up and like that class of 25 year 11s, we'd normally say it's out "bottom set" they are quite a weak group of kids and I knew for a fact if I record a video it's not going to be the same, so do I need to ring in and check in with every kid? So, I found myself doing phone calls extra evening last week going "you alright, have you gone through the PowerPoint? Have you got it in front of you? okay I'm on slide four, check it with me" and it was lovely, and it was beautiful, don't get me wrong, it was a wonderful moment to do that but then you are like, it's 8:30 and I've done nothing else but ring with 10 kids to check in with them. And that's something that has been amazing and teachers have done just brilliantly, just ringing to check in with their kids and kind of be like "you alright, we missed you today in lesson, have you got any questions?" and I know families really appreciated that as well and that's been fed back to us, but that is not an expectation, but I wonder if the feeling among

staff is that they have to do that, or…and again it's just you have that sort of, you become acutely aware of your role as a teacher which is simultaneously to deliver some content, make sure the kids know some stuff, but also you are looking out for them and those relationships do matter. So it's been great in lots of ways because I know feel so much more confident picking up the phone to parents and having those conversations is completely normal but it also means your work intrudes on your life in a way it never did before, like it's always been an intrusive job, teaching, but this has taken it to new levels really.

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